2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State
01-09-2008 90010 050 ****70.00

DOCUMENT # N16060

1. Entity Name
AMERICAN VETERANS POST 86, INC.

Principal Place of Business	Mailing Address
6685 BROOKLYN BAY RD KEYSTONE HEIGHTS, FL 32656 US	PO BOX 1596 KEYSTONE HEIGHTS, FL 32656 US

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2661297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLS, DAVID BRUCE 6685 BROOKLYN BAY ROAD KEYSTONE HEIGHTS, FL 32656	Name: Jerry Johnsen Street Address (P.O. Box Number is Not Acceptable): 7680 Casa Grande City: Keystone Heights FL Zip Code: 32656

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MILLS, DAVID BRUCE P.O. BOX 461 KEYSTONE HEIGHTS, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Jerry Johnsen 7680 Casa Grande Keystone Hgts, FL 32656	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FOD CONNEELY, JOHN 645 SE LAKEVIEW DR PO BOX 733 KEYSTONE HEIGHTS, FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FOD SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD THOMAS, C ERIC 7156 PINON ROAD KEYSTONE HEIGHTS, FL 32656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Richard Miller 104 Lake Carleton Dr. Melrose, FL 32666	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HAYMAN, GARY 107 ASHLEY LAKE DR. MELROSE, FL 32666	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Bob Beinlich 6322 Little Lk George Rd Keystone Hgts, FL 32656	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Johnsen 1-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #