2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N16060

Entity Name: AMERICAN VETERANS POST 86, INC.

Current Principal Place of Business:

6685 BROOKLYN BAY RD
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1596
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-2661297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSEN, JERRY
7680 CASA GRANDE
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	JOHNSEN, JERRY	
Address:	7680 CASA GRANDE	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	FOD	( ) Delete
Name:	CONNEELY, JOHN	
Address:	645 SE LAKEVIEW DR PO BOX 733	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	VCD	( ) Delete
Name:	MILLER, RICHARD	
Address:	104 LAKE CARLETON DR	
City-St-Zip:	MELROSE, FL 32666	
Title:	VCD	( ) Delete
Name:	BEINLICH, BOB	
Address:	6322 LITTLE LK GENEVA RD	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY JOHNSEN COMM 01/09/2009
Electronic Signature of Signing Officer or Director Date