2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

VOID

DOCUMENT# N95000004352

Entity Name: AMERICAN VETERANS POST #13, INC.

Current Principal Place of Business:

645 WEST NEW YORK AVE
DELAND, FL 32720

New Principal Place of Business:

Amended report filed in error w/ no changes.
Refund issued.

Current Mailing Address:

645 WEST NEW YORK AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3334943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIELIN, BETTY LOU
645 W. NEW YORK AVENUE
DELAND, FL 32720 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:	COMM	( ) Delete
Name:	PIELIN, BETTY LOU	
Address:	820 N.BOUNDARY AVE	
City-St-Zip:	DELAND, FL 32720	
Title:	1VP	( ) Delete
Name:	LANE, THOMAS	
Address:	208 W. HAVEN LANE	
City-St-Zip:	DELAND, FL 32720	
Title:	T	( ) Delete
Name:	PEARCE, DAVID L	
Address:	123 WESTWOOD AVENUE	
City-St-Zip:	DELAND, FL 32720	
Title:	A	( ) Delete
Name:	CHEEK, GLENDA	
Address:	40923 SUNSET CIRCLE	
City-St-Zip:	EUSTIS, FL 32736	
Title:	F	( ) Delete
Name:	STROCK, STEVEN B	
Address:	820 N BOUNDARY AVE	
City-St-Zip:	DELAND, FL 32724	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTYLOU PIELIN CMDR 01/24/2006
Electronic Signature of Signing Officer or Director — Date