

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004352

FILED  
Mar 11, 2012  
Secretary of State

**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:**

**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 ( )**

**Name and Address of Current Registered Agent:**

SOUZA, FRANK  
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  
Name: SOUZA, FRANK  
Address: 3098 TURTLE DOVE TRAIL  
City-St-Zip: DELAND, FL 32724

Title: 1VP  
Name: GALL, TONY  
Address: 45126 CROWS BLUFF RD  
City-St-Zip: DELAND, FL 32720

Title: 2VP  
Name: ALDERSON, BILLY T  
Address: P O BOX 74021  
City-St-Zip: ORANGE CITY, FL 32774

Title: A  
Name: ROBERTS, TOM  
Address: 415 S MONTGOMERY AVE  
City-St-Zip: DELAND, FL 32720

Title: F  
Name: DELLER, JAMES  
Address: 980 DANDRIDGE DR  
City-St-Zip: DELTONA, FL 32725

Title: JA  
Name: TROMBLEY, WILLIAM S  
Address: 2734 N SARATOGA RD  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: FRANK SOUZA

COMM

03/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date