

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001698

Entity Name: AMVETS POST #98, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

4629 BARTELT ROAD
HOLIDAY, FL 346905534

New Principal Place of Business:

Current Mailing Address:

4629 BARTELT ROAD
HOLIDAY, FL 346905534

New Mailing Address:

FEI Number: 59-3541070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, HUNTER D QMASTR
4629 BARTELT ROAD
HOLIDAY, FL 346905534 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: COMD () Delete
Name: CHARLES, HUNTER D
Address: 5523 CHEYENNE DR.
City-St-Zip: HOLIDAY, FL 34690

Title: VCOM () Delete
Name: DROUIN, RUDY
Address: 5905 PAPPLILLION DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: DST () Delete
Name: HUNTER, CHARLES
Address: 5523 CHEYENNE DR.
City-St-Zip: HOLIDAY, FL 34690

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:

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: CHARLES D HUNTER

FINC

02/13/2009

Electronic Signature of Signing Officer or Director

Date