2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# N99000001698

Entity Name: AMVETS POST #98, INC.

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:

MITCHELL, RECKART COMM
4629 BARTELT ROAD
HOLIDAY, FL 346905534 US

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: MITCHELL RECKART 07/15/2009
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: COMM (X) Change ( ) Addition
Name: MITCHELL, RECKART
Address: 6404 KELSO DR
City-St-Zip: PORT RICHEY,, FL 34668

Title: FIN (X) Change ( ) Addition
Name: DOUBLE, BRYAN
Address: 37376 U.S. HWY 19 NORTH LOT 150
City-St-Zip: PALM HARBOR, FL 34684

Title: TRUS (X) Change ( ) Addition
Name: CHAMBERS, CHARLES A
Address: 1549 LANDAU STF
City-St-Zip: HOLIDAY, FL 34690

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: BRYAN DOUBLE FIN 07/15/2009
Electronic Signature of Signing Officer or Director Date