

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761796

FILED
Jan 02, 2007
Secretary of State

Entity Name: AMVETS DEPARTMENT SERVICE FOUNDATION, INC.

Current Principal Place of Business:

530 LUCAS PLACE
MERRITT ISLAND, FL 328536052

New Principal Place of Business:

530 LUCAS PLACE
MERRITT ISLAND, FL 328536052 US

Current Mailing Address:

530 LUCAS PLACE
MERRITT ISLAND, FL 328536052

New Mailing Address:

530 LUCAS PLACE
MERRITT ISLAND, FL 328536052 US

FEI Number: 59-2925527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONALD P. RHINDRESS
1529 AQUEDUCT LANE
KEY LARGO, FL 33037 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: D () Delete
Name: ESTEP, JERRY
Address: 820 W WOODLAWN AVE
City-St-Zip: TAMPA, FL 33603

Title: TD () Delete
Name: RHINDRESS, DONALD P,
Address: 1529 AQUEDUCT LANE
City-St-Zip: KEY LARGO, FL 330372802 US

Title: PD () Delete
Name: WILLIAMS, EDWARD G
Address: 530 LUCAS PALCE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD () Delete
Name: NORMAN, NANCY
Address: 107 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: FLASKA, JOHN
Address: 10 CAMINO DEL RIO
City-St-Zip: FT PIERCE, FL 34952

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: D (X) Change () Addition
Name: TERRY, DON
Address: 1437 APACHE CIR
City-St-Zip: TAVARES, FL 32778

Title: SD (X) Change () Addition
Name: FLASKA, JOHN
Address: 10 CAMINO DEL RIO
City-St-Zip: FT PIERCE, FL 34952

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: DONALD P. RHINDRESS

TD

01/02/2007

Electronic Signature of Signing Officer or Director

Date