2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761796

FILED Jan 03, 2008 Secretary of State

Entity Name: AMVETS DEPARTMENT SERVICE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 530 LUCAS PLACE MERRITT ISLAND, FL 328536052 US **Current Mailing Address: New Mailing Address:** 530 LUCAS PLACE 1529 AQUEDUCT LANE MERRITT ISLAND, FL 328536052 US KEY LARGO, FL 330372802 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: Name and Address of New Registered Agent: DONALD P. RHINDRESS 1529 AQUEDUCT LANE KEY LARGO, FL 33037 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ESTEP, JERRY Name: Name: 820 W WOODLAWN AVE Address: Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: Title: () Delete Title: () Change () Addition RHINDRESS, DONALD P, Name: Name: Address: 1529 AQUEDUCT LANE Address: City-St-Zip: KEY LARGO, FL 330372802 US City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, EDWARD G Name: Name: 530 LUCAS PALCE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TERRY, DON Name: Address: 1437 APACHE CIR Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: () Delete Title: () Change () Addition FLASKA, JOHN Name: Name: 10 CAMINO DEL RIO Address: Address: City-St-Zip: FT PIERCE, FL 34952 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: DONALD P. RHINDRESS TD 01/03/2008