

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768889

FILED
Jan 19, 2007
Secretary of State

Entity Name: AMVET POST 100 CHERRY BRANCH INC.

Current Principal Place of Business:

526 ORANGE AVENUE
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

526 ORANGE AVENUE
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-1675253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, ROBERT L COMMAND
416 MARGIE LANE
DAYTONA BEACH, FL 32114 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: O () Delete
Name: LAWTON, JAMES H
Address: 526 ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: O () Delete
Name: GREEN, ROBERT
Address: 416 MARGIE LANE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: O () Delete
Name: BECKTON, KING D
Address: 625 ORANGE AVENUE
City-St-Zip: DAYTONA BCH, FL 32114 US

Title: D () Delete
Name: ALBRITTON, WESLEY JR
Address: 604 HUDSON ST.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: O () Delete
Name: MITCHELL, WILLIE
Address: 625 ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: ROBINSON, WILLIAM
Address: 28 PARK PLACE
City-St-Zip: ORMOND BEACH, FL 32174

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: KING D. BECKTON

COMM

01/19/2007

Electronic Signature of Signing Officer or Director

Date