

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90017 023 ****70.00

DOCUMENT # 768889		
1. Entity Name AMVET POST 100 CHERRY BRANCH INC.		

Principal Place of Business 526 ORANGE AVENUE DAYTONA BEACH, FL 32114 US	Mailing Address 526 ORANGE AVENUE DAYTONA BEACH, FL 32114 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05142008 Chg-NP CR2E037 (12/08)

4. FEI Number 59-1675253	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<i>Smith, Benjamin</i> <i>625 MAGNOLIA AVE.</i> <i>DAYTONA BEACH, FL 32114</i>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$81.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ ☒ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<i>GREEN, Robert L.</i>			
<i>436 CAMERON ST.</i>			
<i>DAYTONA BEACH, FL 32114</i>			
<i>POWELL, TOMMIE</i>			
<i>544 GEORGE ST.</i>			
<i>DAYTONA BEACH, FL 32114</i>			
<i>YARBROUGH, JOHN</i>			
<i>730 KENTUCKY ST.</i>			
<i>DAYTONA BEACH, FL 32114</i>			
<i>MARSHALL, STEVE</i>			
<i>720 KENTUCKY ST.</i>			
<i>DAYTONA BEACH, FL 32114</i>			
<i>MITCHELL, WILLIE</i>			
<i>625 ORANGE AVENUE</i>			
<i>DAYTONA BEACH, FL 32114</i>			
<i>ROBINSON, WILLIAM</i>			
<i>28 PARK PLACE</i>			
<i>ORMOND BEACH, FL 32174</i>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Benjamin Smith</i>	5-26-08 (316) 239-0159
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #