

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006931

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMVETS POST 550 OF FLORIDA, INC.

Current Principal Place of Business:

4822 GALL BLVD
ZEPHYRHILLS, FL 33542 US

New Principal Place of Business:

Current Mailing Address:

4822 GALL BLVD
ZEPHYRHILLS, FL 33542 US

New Mailing Address:

FEI Number: 59-3643039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, ALLEN
5240 VINEYARD ST
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

MARSHALL, JAMES R
7221 RYMAN LOOP
ZEPHYRHILLS, FL 33540 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: JAMES R. MARSHALL

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETERSEN, ALLEN
Address: 5240 VINEYARD ST
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: S () Delete
Name: HOLZ, KEITH
Address: 37810 PENCAN CIR
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: V () Delete
Name: HERMAN, STEVE
Address: 9140 MASTERS BLVD
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARSHALL, JAMES R
Address: 7221 RYMAN LOOP
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: V (X) Change () Addition
Name: BUTLER, WILLIAM C
Address: 40206 SUNBURST DR.
City-St-Zip: DADE CITY, FL 33525 US

Title: V (X) Change () Addition
Name: DEBOULT, HERB
Address: 5914 JESSUP DR.
City-St-Zip: ZEPHYRHILLS, FL 33540 US

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: JAMES R. MARSHALL

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date