2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# N02000004259

Entity Name: AMVETS POST 911, INC.

Current Principal Place of Business:

5624 S. RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5624 S. RIDGEWOOD AVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 47-0856352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEGEN, DONALD
5277 S. RIDGEWOOD AVE
48
PORT ORANGE, FL 32127 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: C
Name: EVANS, CHARLES
Address: 5624 S. RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: 1VC
Name: THOMPSON, DOUG
Address: 5624 S. RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: 2VC
Name: DAVIDSON, LUTHER
Address: 5624 S. RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: DF
Name: DEGEN, DONALD
Address: 5624 S. RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: JA
Name: BOWMAN, LARRY
Address: 5624 S. RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: ADJ
Name: BERNARDINI, RICK
Address: 5624 S. RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: DONALD DEGEN DF 04/04/2011

Electronic Signature of Signing Officer or Director — Date