

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008336

FILED
Apr 14, 2006
Secretary of State

Entity Name: AMERICAN VETERANS POST 921 INC.

Current Principal Place of Business:

PO BOX 142422
GAINESVILLE, FL 326142422

New Principal Place of Business:

Current Mailing Address:

PO BOX 142422
GAINESVILLE, FL 326142422

New Mailing Address:

FEI Number: 11-3651509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, EUGENE
18811 SE. HAWTHORNE RD.
HAWTHORNE, FL 32640 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: P () Delete
Name: LEWIS, EUGENE
Address: 18811 SE HAWTHORNE RD.
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: KELLEHER, DAVID
Address: 4456 VIENNA WOODSWAY
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: COSBY, WILLY
Address: 2038 SW 44 AVE
City-St-Zip: GAINESVILLE, FL 32608

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:

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: EUGENE LEWIS

P

04/14/2006

Electronic Signature of Signing Officer or Director

Date