2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001045

Entity Name: AMERICAN VETERANS POST #1292 INC.

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6333 OLD BAGDAD HWY MILTON, FL 325838987

Current Mailing Address: New Mailing Address:

6333 OLD BAGDAD HWY MILTON, FL 325838987

FEI Number: 59-3026827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, CAROLE
5376 E AVENIDA DE GOLF
PACE, FL 32571 US

AMVETS POST 1292
6333 OLD BAGDAD HWY
MILTON, FL 32583 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: THURMAN HUTCHINS/FINANCE OFFICER 01/25/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C () Delete Title: C (X) Change () Addition Name: ANDERSON, JOE Name: FAULK, RUFUS

 Name:
 Anderson, 30E
 Name:
 PAGER, ROPGS

 Address:
 5376 E AVENIDA DE GOLF
 Address:
 3236 TOBY LANE

 City-St-Zip:
 PACE, FL 325712806
 City-St-Zip:
 PACE, FL 32571

Title: 1VC () Delete Title: 1VC (X) Change () Addition Name: THOMAS, CAROLE Name: COONEY, MIKE

 Address:
 5376 AVENIDA DE GOLF
 Address:
 7813 PENNY LANE

 City-St-Zip:
 PACE, FL 32571
 City-St-Zip:
 MILTON, FL 32583

Title: FO () Delete Title: () Change () Addition

 Name:
 HUTCHINS, THURMAN
 Name:

 Address:
 7916 OLD HICKORY HAMMOCK
 Address:

 City-St-Zip:
 MILTON, FL 32583
 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: THURMAN HUTCHINS FO 01/25/2007