

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 MAY 22 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N04000011331</b> 1. Entity Name <b>AMERICAN VETERANS POST 550, INC.</b>					
Principal Place of Business <b>6136 FORT KING ROAD ZEPHYRHILLS, FL 33542</b>		Mailing Address <b>6136 FORT KING ROAD ZEPHYRHILLS, FL 33542</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06182006 REIN-NP CR2E099 (11/05)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, ALTON 6136 FORT KING ROAD ZEPHYRHILLS, FL 33542</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200076300542 06/18/06--01050--024 *\$9.75 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: <i>Alton Williams</i> DATE: 06/18/06 <small>Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			<b>BRET L. CARTER 7339 GALL BLVD #245 ZEPHYRHILLS, FL 33541 COMMANDER</b>		
			<b>1ST VICE COMMANDER JAMES PAUL PO BOX 415 ZEPHYRHILLS FL 33539</b>		
			<b>FORCE OFFICER ALTON WILLIAMS 38608 MONNET DR ZEPHYRHILLS, FL 33540</b>		
			<b>ADJUTANT RICHARD BURGSTROM 38916 11TH AVE ZEPHYRHILLS, FL 33542</b>		
			<b>1 YR TRUSTEE BRIAN ENRIGHT 5641 8TH ST ZEPHYRHILLS, FL 33540</b>		
			<b>2 YR TRUSTEE FRANK KOSLOSKI 39547 MONDO DR DADE CITY FL 33523</b>		
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>Bret L. Carter</i>		BRET L CARTER		5/18/06 813-779-7974	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	