2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004495

Entity Name: AMVETS POST 81 CORP.

FILED Mar 29, 2008 Secretary of State

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

1910 N. TAMIAMI TRAIL

NORTH FORT MYERS, FL 33903 US

Current Mailing Address: New Mailing Address:

1910 N. TAMIAMI TRAIL

NORTH FORT MYERS, FL 33903 US

FEI Number: 59-2189598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WADDELL, L. JACK NIPPER, BOB

1910 N. TAMIAMI TRAIL 1910 N. TAMIAMI TRAIL

NORTH FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 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: BOB NIPPER 03/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COMM () Delete Title: () Change () Addition

 Name:
 JAMES, SCOFIELD
 Name:

 Address:
 1910 N. TAMIAMI TRAIL
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SULLIVAN, RAYMOND
 Name:
 GREENWELL, JONNIE

 Address:
 1910 N. TAMIAMI TRAIL
 Address:
 1910 N. TAMIAMI TRAIL

 City-St-Zip:
 NORTH FT. MYERS, FL 33917
 City-St-Zip:
 NORTH FT. MYERS, FL 33917

Title: ADJ () Delete Title: TREA (X) Change () Addition

 Name:
 MORTON, CHARLES SR.
 Name:
 NIPPER, BOB

 Address:
 1910 N. TAMIAMI TRAIL
 Address:
 1910 N. TAMIAMI TRAIL

 City-St-Zip:
 N. FORT MYERS, FL 33903
 City-St-Zip:
 N. FORT MYERS, FL 33903

Title: TREA (X) Delete Title: () Change () Addition

 Name:
 WADDELL, L. JACK
 Name:

 Address:
 1910 N. TAMIAMI TRAIL
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 City-St-Zip:

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: BOB NIPPER TREA 03/29/2008

Electronic Signature of Signing Officer or Director

Date