


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90045 012 ****70.00

DOCUMENT # N06000009929 1. Entity Name HALLCREST AMVETS POST #0024, INC.					
Principal Place of Business 247 HALLCREST AVE. SPRING HILL, FL 34608			Mailing Address 247 HALLCREST AVE. SPRING HILL, FL 34608		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5338273	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAND, JOHN R 247 HALLCREST AVE. SPRING HILL, FL 34608			Name ATHEY, ROBERT T. Street Address (P.O. Box Number is Not Acceptable) 18821 SKIFF DRIVE City HUDSON FL Zip Code 34667		
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 Robert T. ATHEY		Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating) Robert T. ATHEY		DATE 05/21/08	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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	C HAND, JOHN R 9060 ELDRIDGE RD SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER - D ROBERT T. ATHEY 18821 SKIFF DRIVE HUDSON FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REUMONT III, DAVID A 8251 EARLSHIRE LANE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE - D PETER BERANGER 1140 WATERFALL DR. SPRING HILL, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATHEY, ROBERT 18821 SKIFF DR HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJUTANT - D FRANK WILKINS 179 BATON AVE SPRING HILL, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD CROTSLEY, ROBERT 345 FAIRBANKS RD SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE - D WILLIAM ATHEY 145 ROSEDALE AVE, SPRING HILL, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWESE, BOBBIE 3236 ANNAPOLIS RD SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE - T EDWARD BARNES 9020 ALHAMBRA CT, SPRING HILL, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Robert T. ATHEY		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert T. ATHEY		Date 05/21/08	