

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009929

FILED
Apr 23, 2009
Secretary of State

Entity Name: HALLCREST AMVETS POST #0024, INC.

Current Principal Place of Business:

247 HALLCREST AVE.
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

247 HALLCREST AVE.
SPRING HILL, FL 34608

New Mailing Address:

PO BOX 3993
SPRING HILL, FL 34611

FEI Number: 20-5338273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATHEY, ROBERT T
18821 SKIFF DRIVE
HUDSON, FL 34667 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: CD () Delete
Name: ROBERT, ATNEY T
Address: 18821 SKIFF DRIVE
City-St-Zip: HUDSON, FL 34667

Title: 1VD () Delete
Name: BERANGER, PETER
Address: 1140 WATERFALL DR.
City-St-Zip: SPRING HILL, FL 34606

Title: VD () Delete
Name: ATHEY, ROBERT
Address: 18821 SKIFF DR
City-St-Zip: HUDSON, FL 34667

Title: FD () Delete
Name: WILLIAM, ATHEY
Address: 145 ROSEDALE AVE,
City-St-Zip: SPRING HILL, FL 34606

Title: T () Delete
Name: BARNES, EDWARD
Address: 8020 ALHAMBER CT,
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VD (X) Change () Addition
Name: RAWSON, HOWARD
Address: 14240 BROOKRIDGE BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: VD (X) Change () Addition
Name: WILKINS, FRANK
Address: 179 BATON AVE
City-St-Zip: SPRING HILL, FL 34606

Title: FD (X) Change () Addition
Name: ROMAS, ROBERT
Address: 2443 WAYWOOD DRIVE
City-St-Zip: BROOKSVILLE, FL 34606

Title: T (X) Change () Addition
Name: STERLY, LEON
Address: 2075 LARK'S LAKE ROAD
City-St-Zip: PELLSTON, MI 49769

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: FRANK WILKINS

VD

04/23/2009

Electronic Signature of Signing Officer or Director

Date