

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06444

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: AMVETS DEPARTMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

6213 TRAVIS BLVD.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6213 TRAVIS BLVD  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-2988880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BRAND, FERTIE A FIN OFF  
6213 TRAVIS BLVD  
TAMPA, FL 33610 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: P ( ) Delete  
Name: LOWE, ROBERT G  
Address: 650 WILDWOOD STREET  
City-St-Zip: MARY ESTER, FL 32569

Title: D ( ) Delete  
Name: BRAND, FERTIE A  
Address: 6213 TRAVIS BLVD  
City-St-Zip: TAMPA, FL 33610

Title: DC ( ) Delete  
Name: SPARKS, KENNETH  
Address: 167 NICOLE LANE  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: ARNETT, LARRY  
Address: 1840 POSTON DR.  
City-St-Zip: PANAMA CITY, FL 32404

Title: M ( ) Delete  
Name: MCROBERTS, WILLIAM R  
Address: 1545 WARMWOOD DRIVE  
City-St-Zip: GRAND ISLAND, FL 327359712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARNETT, LARRY  
Address: 1840 POSTON DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

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

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

Title: D (X) Change ( ) Addition  
Name: FOSTER, BRUCE  
Address: 1211 SE 65TH CIRCLE.  
City-St-Zip: OCALA, FL 34472

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: FERTIE A. BRAND

D

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date