

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06444

FILED
Feb 04, 2009
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: ARNETT, LARRY
Address: 1840 POSTON DRIVE
City-St-Zip: PANAMA CITY, FL 32404

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

Title: DC () Delete
Name: FOSTER, BRUCE
Address: 1211 SE 65TH CIRCLE
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: VIA, LARRY
Address: 4337 FLAMINGO
City-St-Zip: NAPLES, FL 34104

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: FOSTER, BRUCE
Address: 1211 SE 65TH CIRCLE
City-St-Zip: OCALA, FL 34472

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

Title: DC (X) Change () Addition
Name: VIA, LARRY
Address: 4337 FLAMINGO
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: JOHN, A. J.
Address: 2780 CABERNET CIRCLE
City-St-Zip: OCOEE, FL 34761

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

D

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date