

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 04, 2009
Secretary of State

DOCUMENT# N08000004168

Entity Name: AMVETS POST 45 INC.

Current Principal Place of Business:6184 US HWY 1
ST AUGUSTINE, FL 32086**New Principal Place of Business:****Current Mailing Address:**PO BOX 840211
ST AUGUSTINE, FL 320800211**New Mailing Address:**

FEI Number: 26-0442060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BATOVSKY, MICHAEL J
2260 COMMODORES CLUB BLVD
ST AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**TUCKER, KENNETH D
5379 4TH STREET
ST AUGUSTINE, FL 32080 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: KENNETH D. TUCKER

11/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: COMM () Delete
Name: GATES, JEF
Address: PO BOX 861134
City-St-Zip: ST AUGUSTINE, FL 32086Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: COMM (X) Change () Addition
Name: SHANLY, THOMAS J
Address: PO BOX 861134
City-St-Zip: ST AUGUSTINE, FL 32086Title: VICE () Change (X) Addition
Name: TUCKER, KENNETH D
Address: 5379 4TH STREET
City-St-Zip: ST.AUGUSTINE, FL 32080 US

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: KENNETH D. TUCKER

VICE

11/04/2009

Electronic Signature of Signing Officer or Director

Date