# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2009**
**Secretary of State**

DOCUMENT# N08000006258

**Entity Name:** AMVETS SUWANNEE RIVER POST 422, INC.

**Current Principal Place of Business:**

14482 NW HWY 19
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

14482 NW HWY 19
CHIEFLAND, FL 32626

**New Mailing Address:**

POB 1236
OLD TOWN, FL 32680

**FEI Number: 53-0176836** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HUFFER, DEWAYNE
14482 NW HWY 19
CHIEFLAND, FL 32626 US

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

RIEDEL, STEVE
14482 NW HWY 19
CHIEFLAND, FL 32626 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: STEVE RIEDEL 01/07/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: RIEDEL, STEVE
Address: 259 NE 825TH ST
City-St-Zip: OLD TOWN, FL 32680

Title: T ( ) Delete
Name: HUFFER, DEWAYNE
Address: 8290 NW 172ND LN
City-St-Zip: FANNING SPRINGS, FL 32693

Title: D ( ) Delete
Name: MEONIER, JOSEPH L
Address: 8151 166TH ST
City-St-Zip: FANNING SPRINGS, FL 32693

Title: D ( ) Delete
Name: UERZARO, AUGIE G
Address: 1359 NW 82ND TER
City-St-Zip: BELL, FL 32619

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

Title: CMDR (X) Change ( ) Addition
Name: RIEDEL, STEVE
Address: 259 NE 825TH ST
City-St-Zip: OLD TOWN, FL 32680

Title: FNCE (X) Change ( ) Addition
Name: DENNY, ROBERT
Address: 4040 NE 43RD AV.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: ADJT (X) Change ( ) Addition
Name: JOURNIGAN, CASSANDRA L
Address: 13650 NW86TH AV
City-St-Zip: CHIEFLAND, FL 32626

Title: ADVC (X) Change ( ) Addition
Name: VERZARO, AUGIE R
Address: 1359 NW 82ND TER
City-St-Zip: BELL, FL 32619

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: STEVE RIEDEL CMDR 01/07/2009
Electronic Signature of Signing Officer or Director Date