

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005976

FILED
Apr 20, 2011
Secretary of State

Entity Name: AMERICAN MILITARY RETIREES ASSOCIATION, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

1150 SW CALIFORNIA BLVD.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1150 SW CALIFORNIA BLVD.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-2441132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVALLE, VINCENT E JR.
567 SE BROOKSIDE TERRACE
PORT SAINT LUCIE, FL 34983 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
Name: LAVALLE, VINCENT E JR.
Address: 567 SE BROOKSIDE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP
Name: HOLLOWAY, LEROY E
Address: 705 GLASGOW CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP
Name: KNEPSHIELD, RONALD K
Address: 1919 SW BEAUREGARD ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S
Name: JOHNSON, DURRELL K
Address: 3933 SW LAIDLOW ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T
Name: JOCK, MAVIS E
Address: 5546 SCEPTER DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: VINCENT E. LA VALLE JR.

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date