2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N16060

1. Entity Name
AMERICAN VETERANS POST 86, INC.

Principal Place of Business	Mailing Address
6685 BROOKLYN BAY RD KEYSTONE HEIGHTS, FL 32656 US	PO BOX 1596 KEYSTONE HEIGHTS, FL 32656 US

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04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2661297
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, DAVID BRUCE
6685 BROOKLYN BAY ROAD
KEYSTONE HEIGHTS, FL 32656

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Bruce Mills David Bruce Mills DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MILLS, DAVID BRUCE
STREET ADDRESS	P.O. BOX 481
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL
TITLE	FOD
NAME	O'NEILL, JOHN C
STREET ADDRESS	6863 DEER SPRINGS RD
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	VCD
NAME	THOMAS, C ERIC
STREET ADDRESS	7156 PINON ROAD
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	VCD
NAME	HAYMAN, GARY
STREET ADDRESS	107 ASHLEY LAKE DR.
CITY-ST-ZIP	MELROSE, FL 32668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80030-009 70.00^M

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Bruce Mills David Bruce Mills 4-12-06 352-473-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #