


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N26014</b> 1. Entity Name AMVETS, POST #9, ODESSA DEPARTMENT OF FLORIDA, INC.			
Principal Place of Business 14540 BLACK LAKE RD. ODESSA, FL 33556		Mailing Address 14540 BLACK LAKE RD. ODESSA, FL 33556	
2. Principal Place of Business <i>14540 Black Lake Road</i>		3. Mailing Address <i>14540 Black Lake Road</i>	
Suite, Apt. #, etc. .		Suite, Apt. #, etc. .	
City & State <i>Odessa, FL</i>		City & State <i>Odessa, FL 33556</i>	
Zip <i>33556</i>		Zip <i>33556</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-2898252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RECKART, MITCHELL R 1418 FUSSELL HOLLOW RD. ODESSA, FL 33556		7. Name and Address of New Registered Agent Name <i>David A. Walker</i> Street Address (P.O. Box Number is Not Acceptable) <i>14712 Black Lake Road</i> City <i>Odessa</i> FL Zip Code <i>33556</i>	
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 <i>David A. Walker</i> Financial Officer DATE <i>10/12/2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, DAVID 14712 SR 54 ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jerry Griffin 14415 Shangri-La Lane. Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, EARL 4644 AZALEA DR. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Knox 1124 Wyndham Lakes Dr. Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RECKART, MITCHELL R 1418 FUSSELL HOLLOW RD. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080882746 10/16/06--01052--019 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David A. Walker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>10/12/06</i> Daytime Phone # <i>813-283-8173</i>	

SECRET  
DIVISION OF CORPORATIONS

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REINSTATEMENT 06



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