

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26014

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** AMVETS, POST #9, ODESSA DEPARTMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

14540 BLACK LAKE RD.  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

14540 BLACK LAKE RD.  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 59-2898252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, DAVID A  
14540 BLACK LAKE RD.  
ODESSA, FL 33556 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:** CDR  
**Name:** WOOD, GEORGE  
**Address:** 10409 CLIFF CIRCLE  
**City-St-Zip:** TAMPA, FL 33612

**Title:** FIN  
**Name:** ANDERSON, WILLIAM H  
**Address:** 7806 COLLEY ROAD  
**City-St-Zip:** ODESSA, FL 33556

**Title:** VCDR  
**Name:** FRIEDEL, DENNIS  
**Address:** 14352 GRAFTON LN  
**City-St-Zip:** ODESSA, FL 33556

**Title:** VCDR  
**Name:** KNOX, ROBERT E  
**Address:** 1124 WYNDHAM LAKES DRIVE  
**City-St-Zip:** ODESSA, FL 33556

**Title:** ADJ  
**Name:** WALKER, DAVID A  
**Address:** 14540 BLACK LAKE ROAD  
**City-St-Zip:** ODESSA, FL 33556

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:** WILLIAM H. ADERSON

FIN

02/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date