2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Jul 11, 2007 DOCUMENT# N29669 Secretary of State

Entity Name: AMVETS JOSEPH L. HICKS MEMORIAL POST #7467, CORP.

Current Principal Place of Business: New Principal Place of Business:

4200 62 AVENUE NORTH STEG&H

PINELLAS PARK, FL 33781 US

New Mailing Address: Current Mailing Address:

4200 62 AVENUE NORTH STEG&H

PINELLAS PARK, FL 33781 US

FEI Number: 59-3019571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ACCURATE TAX SERVICE 3811 44TH AVE N ST PETERSBURG, FL 33714 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CMDR () Delete () Change () Addition

MACDONALD, SCOTT Name: Name: 8689 69TH ST N Address: Address:

City-St-Zip: PINELLAS PARK, FL 33782 US City-St-Zip:

Title: 1STV Title: 1STV (X) Change () Addition () Delete

BALDWIN, DALE Name: BELAIR, AARON Name: Address: 3842 21ST AVE N Address: 6501 12TH ST N City-St-Zip: SAINT PETERSBURG, FL 33713 US City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: 2NDV () Delete Title: 2NDV (X) Change () Addition

FRAZIER, VALERIE BRAUN, BRIAN Name: Name: 2991 GULF TO BAY BLVD Address: Address: 5420 63RD TERRACE N City-St-Zip: CLEARWATER, FL 33759 US City-St-Zip: PINELLAS PARK, FL 33781 US

(X) Change () Addition Title: ADJU () Delete Title: ADJU

Name: FRAZIER, VALERIE Name: HORTON, CHARLES Address: 2991 GULF TO BAY BLVD Address: 2500 54TH AVE N LOT 274 City-St-Zip: CLEARWATER, FL 33759 US City-St-Zip: ST PETERSBURG, FL 33704 US

Title: () Delete Title: () Change () Addition

DALE, VALERIE D Name: Name: 3811 44TH AVE N Address: Address: City-St-Zip: ST PETERSBURG, FL 33714 US City-St-Zip:

Title: **PRMA** () Delete Title: () Change () Addition

REBIC, ROBERT Name: Name: Address: 4545 1ST AVE N Address: ST PETERSBURG, FL 33713 US City-St-Zip: City-St-Zip:

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: VALERIE D DALE FO 07/11/2007

Electronic Signature of Signing Officer or Director

Date