2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

1. Entity Naπ	MENT # N30402 ACH POST NO. 12 INC., A	05-14-2	0008 90010 030	****6	1.25				
Principal Place of Business 3201 S. DIXIE HWY W PALM BEACH, FL 33405-1509 US Mailing Address 3201 S. DIXIE HWY W PALM BEACH, FL 33405-1509 US					BIJB (181 BIBI) BIBI) BIYIL BI	T)(B18 4 B2P	IKYT OL TYDI		
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008 Chg-NP	CR2E037 ((12/06)		
City & State		City & State			4. FEI Number 59-6136272		_ 	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desi		.75 Add Required		
Name and Address of Current Registered Agent					7. Name and Address of N	lew Registered Age	nt		
ZEDNI WILLIAM A ID			Name	Name					
ZERN, WILLIAM A JR 205 LAKELAND DR WEST PALM BEACH, FL 33405		•	Street Address		(P.O. Box Number is Not Acceptable)				
WEST FALM BEACH, FE 33405									
	4.		City			FL	Zip Code		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office o	r register	ed agent, or both, in the State	of Florida. I am fam	iliar with,	and accept	
SIGNATURE - Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature_typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)	DATE			
· (Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	ture required	\$5.00 May Be	Make check p	ayable to	ate	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing entribution.		\$5.00 May Be Added to Fees	Make check partine	ent of St	ate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be	Make check parting	TORS IN	ate 10	
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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.

MAXINE E. BODMAN. SECRETARY

January 18, 2008

(561) 655-1343

Daytime Phone #