

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35729

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: FLORIDA AMVETS POST 1292, INC.

**Current Principal Place of Business:**

6333 OLD BAGDAD HWY  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

6333 OLD BAGDAD HWY  
MILTON, FL 32583

**New Mailing Address:**

FEI Number: 59-3026827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FAULK, RUFUS  
6333 OLD BAGDAD HWY  
MILTON, FL 32583 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: P ( ) Delete  
Name: FAULK, RUFUS  
Address: 7024 DORR STREET  
City-St-Zip: MILTON, FL 32583

Title: 1V ( ) Delete  
Name: COONEY, MIKE  
Address: 7813 PENNY LANE  
City-St-Zip: MILTON, FL 32583

Title: 2V ( ) Delete  
Name: PITTMAN, JIM  
Address: 5533 TRACI DRIVE  
City-St-Zip: MILTON, FL 32583

Title: T ( ) Delete  
Name: HUTCHINS, THURMAN  
Address: 7916 OLD HICKORY RD  
City-St-Zip: MILTON, FL 32583

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: THURMAN HUTCHINS

T

03/06/2009

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

\_\_\_\_\_  
Date