

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35729

**FILED**  
**Mar 04, 2011**  
**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 ( )**

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

POWERS, DANIEL  
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  
Name: POWERS, DANIEL  
Address: 5531 TRACI DR.  
City-St-Zip: MILTON, FL 32583

Title: 1V  
Name: ANDERSON, JOE  
Address: 6333 OLD BAGDAD HWY  
City-St-Zip: MILTON, FL 32583

Title: T1  
Name: COOLEY, HAROLD  
Address: 6333 OLD BAGDAD HWY  
City-St-Zip: MILTON, FL 32583

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: DANIEL POWERS

P

03/04/2011

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

\_\_\_\_\_  
Date