

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38998

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: AMERICAN VETERANS POST 231 CORPORATION

**Current Principal Place of Business:**

21128 HWY. 231  
FOUNTAIN, FL 32438 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 437  
FOUNTAIN, FL 32438 US

**New Mailing Address:**

FEI Number: 59-2961204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COOKE, WILLIAM  
20520 DEEP SPRINGS RD.  
FOUNTAIN, FL 32438 US

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

HAVENS, CHARLES  
10238 SILVER LAKE RD  
FOUNTAIN, FL 32438 US

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: CHARLES HAVENS

01/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOXWORTH, JERRY A  
Address: 5291 FOXWORTH LANE  
City-St-Zip: MARIANNA, FL 32448 US

Title: D ( ) Delete  
Name: COOKE, WILLIAM  
Address: 20520 DEEP SPRINGS RD.  
City-St-Zip: FOUNTAIN, FL 32438 US

Title: D ( ) Delete  
Name: COOKE, VALERIE  
Address: 20520 DEEP SPRINGS RD  
City-St-Zip: FOUNTAIN, FL 32438 US

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

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

Title: D (X) Change ( ) Addition  
Name: HAVENS, CHARLES  
Address: 10238 SILVER LAKE RD.  
City-St-Zip: FOUNTAIN, FL 32438 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY ANN FOXWORTH

MRS.

01/25/2007

Electronic Signature of Signing Officer or Director

Date