2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N43501

Entity Name: AMVETS POST 14, INC.

Current Principal Place of Business:

10450 SE DIXIE HWY
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

10450 SE DIXIE HWY
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 65-0152985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KAHLE, LEEON F
8006 SE FAIRCHILD WAY
HOBE SOUND, FL 33455 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: T ( ) Delete
Name: BAKER, LEON
Address: 11411 SE FEDERAL HWY, # 112
City-St-Zip: HOBE SOUND, FL 33455

Title: R ( ) Delete
Name: ALLEMANN, LOUIS
Address: 8048 SUGAR PINES WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: T ( ) Delete
Name: GRAHM, JOSEPH
Address: 7947 SE ARRANCE ST.
City-St-Zip: HOBE SOUND, FL 33455

Title: VC ( ) Delete
Name: BEAL, GEORGE W
Address: 11411 SE FED HWY 48
City-St-Zip: HOBE SOUND, FL 33455

Title: T ( ) Delete
Name: TETREAULT, RICHARD
Address: 9456 SE PK ST
City-St-Zip: HOBE SOUND, FL 33455

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:

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: LEEON F KAHLE CMDR 03/07/2009

Electronic Signature of Signing Officer or Director — Date