

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43921

FILED
Apr 30, 2008
Secretary of State

Entity Name: AMVETS POST #500, INC.

Current Principal Place of Business:

605 8TH ST
C/O DAV #84
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250595
HOLLY HILL, FL 321170595

New Mailing Address:

FEI Number: 59-2932168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNELL, WALTER J
436 N. PENINSULA DRIVE
DAYTONA BEACH, FL 321184073 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: PCT () Delete
Name: TIFFANY, ROGER LEE
Address: 1321 DERBYSHIRE ROAD
City-St-Zip: HOLLY HILL, FL 32117

Title: T () Delete
Name: BLAIS, GILLES
Address: 1065 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL

Title: TVC () Delete
Name: SCHNEE, ROGER LEE
Address: 179 LEE STREET
City-St-Zip: 179 LEE STREET, FL 32117

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:

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: ROGER LEE TIFFANY

PCT

04/30/2008

Electronic Signature of Signing Officer or Director

Date