

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Feb 18, 2009
Secretary of State**

DOCUMENT# N49665

Entity Name: AMERICAN VETERANS POST 1992, INC

Current Principal Place of Business:AMVETS POST 1992
32201 AMVETS WAY
MT. DORA, FL 32757 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 492722
LEESBURG, FL 34749 US**New Mailing Address:**

FEI Number: 59-3129495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34779 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: BLACK, LANNY
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: V () Delete
Name: BRIENIK, RICHARD
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: V () Delete
Name: ANGELO, MESSANO
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: S () Delete
Name: GAUL, BILL
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: T () Delete
Name: LUKE, ED
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: BRIENIK, RICHARD
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: 1STV (X) Change () Addition
Name: WHEELER, HOLLIS
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: 2NDV (X) Change () Addition
Name: CAMPBELL, JIM
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: JA (X) Change () Addition
Name: HALL, BUDDY
Address: 32201 AMVETS WAY
City-St-Zip: MT. DORA, FL 32757 USTitle: () 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: ED LUKE

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02/18/2009

Electronic Signature of Signing Officer or Director

Date