2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004376

Entity Name: AMVETS POST NO. 893, INC.

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 218 HARDEE LANE ROCKLEDGE, FL 32955 US **Current Mailing Address: New Mailing Address:** P O BOX 561050 ROCKLEDGE, FL 32956 US FEI Number: 59-3155051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAURER, EDWARD 1212 PRINCETON RD COCOA, FL 32922 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MAURER, EDWARD TARNTINO, TERRY Name: Name: 1212 PRINCETON RD Address: 4550 DELESPINE ROAD Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: COCOA, FL 32927 Title: VD () Delete Title: () Change () Addition ZIMMER, FREDERIC Name: Name: Address: 3461 BRAHMAN AVENUE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: VD. () Delete Title: (X) Change () Addition FANTACCIONE, THOMAS Name: THIBODEAU, PAUL Name: 1900 BARRINGTON CIRCLE 4130 BARNA AVE. APT B Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: (X) Change () Addition Name: HUNT, JOSEPH Name: MAURER, EDWARD P O BOX 541276 1212 PRINCETON ROAD Address: Address: City-St-Zip: MERRITT ISLAND, FL 32954 City-St-Zip: COCOA, FL 32922 Title: () Delete Title: VD () Change (X) Addition MYBERG, GARY Name: Name: 3929 EAST RIDGEWOOD DR. Address: Address: City-St-Zip: City-St-Zip: COCOA, FL 32926 Title: () Delete Title: () Change (X) Addition WALKER, ROGER Name: Name: Address: Address: 4935 FALCON BLVD. COCOA, FL 32927 City-St-Zip: 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: EDWARD MAURER T 01/17/2009