

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90071 016 ****70.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # N94000002246 | | | |
| 1. Entity Name AMVETS, HUDSON POST # 16, INC. | | | |
| Principal Place of Business 9638 STATE RD. 52 HUDSON FL 34669 | | Mailing Address 9638 STATE RD. 52 HUDSON FL 34669 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KELLY, CHRIS 13122 SLASH PINE DR HUDSON FL 34669 | | | | Glenda M. Carpenter 13006 Lilewood Drive Hudson, Fla 34669 | | | |
| Name | | | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | | City | | | |
| FL | | | | FL | | | |
| Zip Code | | | | Zip Code | | | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Glenda M. Carpenter DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|--------------------------|--|--|---|----------------------|--|--|
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BERGER, ARTHUR | | | NAME | | | |
| STREET ADDRESS | 12451 MOON LAKE CIRCLE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MULLIGAN, ROBERT D | | | NAME | | | |
| STREET ADDRESS | 12037 SHADOW RIDGE RD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | HUDSON FL 34667 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KELLY, CHRIS | | | NAME | Glenda M. Carpenter | | |
| STREET ADDRESS | 13122 SLASH PINE DR | | | STREET ADDRESS | 13006 Lilewood Drive | | |
| CITY-ST-ZIP | HUDSON FL 34669 | | | CITY-ST-ZIP | Hudson, Fla 34669 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COOKE, JAMES J | | | NAME | | | |
| STREET ADDRESS | 11827 QUINCY DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAVIS, RICHARD | | | NAME | | | |
| STREET ADDRESS | 10240 DEKOSTER AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | HUDSON FL 34667 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BALLEW, BENNIE | | | NAME | | | |
| STREET ADDRESS | 9708 CHRIS ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | HUDSON FL 34669 | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur J. Berger 5-27-05 787-8563851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #