

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90087 024 \*\*\*\*61.25

<b>DOCUMENT # N94000002246</b>					
<b>1. Entity Name</b> AMVETS, HUDSON POST # 16, INC.					
<b>Principal Place of Business</b> 9638 STATE RD. 52 HUDSON, FL 34669			<b>Mailing Address</b> 9638 STATE RD. 52 HUDSON, FL 34669		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142007    Chg-NP    CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-3257809	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPRING, LELAND E 13031 PARKWOOD ST HUDSON, FL 34669			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> BALLEW, BENNIE <b>STREET ADDRESS</b> CHRIS STREET <b>CITY-ST-ZIP</b> HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> COMMANDER <b>NAME</b> CARL E. DANES <b>STREET ADDRESS</b> 13022 PARKWOOD ST <b>CITY-ST-ZIP</b> HUDSON, FL 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> ROSSER, JOHN P <b>STREET ADDRESS</b> 9904 MINNE HABA <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 1ST VICE COMDR. <b>NAME</b> JAMES JOHNSON <b>STREET ADDRESS</b> 11100 LINDEN DR. <b>CITY-ST-ZIP</b> SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> SPRING, LELAND <b>STREET ADDRESS</b> 13031 PARKWOOD ST <b>CITY-ST-ZIP</b> HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 2ND VICE COMDR <b>NAME</b> RICHARD DAVIS <b>STREET ADDRESS</b> 10240 DE-KOSTER <b>CITY-ST-ZIP</b> HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HOKENDORF, PETE <b>STREET ADDRESS</b> 18145 5A 52 <b>CITY-ST-ZIP</b> LAND O LAKES, FL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 1 FINANCE OFFICER <b>NAME</b> WILLIAM WALKER <b>STREET ADDRESS</b> 7110 GRAND PINE DR. <b>CITY-ST-ZIP</b> HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DAVIS, RICHARD <b>STREET ADDRESS</b> 10240 DEKOSTER AVE <b>CITY-ST-ZIP</b> HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ADJUTANT <b>NAME</b> HERB MCKNIGHT <b>STREET ADDRESS</b> 11904 LEADS RD. <b>CITY-ST-ZIP</b> PORT RICHEY, FL 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> THAYER, JIM <b>STREET ADDRESS</b> 6043 4TH AVE <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Trustee <b>NAME</b> JIM COOKE <b>STREET ADDRESS</b> 11927 QUINCY DR. <b>CITY-ST-ZIP</b> New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Carl E. Danes</u> <u>CARL E. DANES</u> <u>APRIL 24, 07</u> <u>727-868-8757</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					