2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N94000002246

Entity Name: AMVETS, HUDSON POST # 16, INC.

Current Principal Place of Business:

9638 STATE RD. 52
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

9638 STATE RD. 52
HUDSON, FL 34669

New Mailing Address:

FEI Number: 59-3257809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRING, LELAND E
13031 PARKWOOD ST
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

JAMES, JAMES JOHNSON
11100 LINDEN DRIVE
SPRINGHILL, FL 34609 US

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: JAMES JOHNSON 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: COMM ( ) Delete
Name: DANES, CARL E
Address: 13028 PARKWOOD ST.
City-St-Zip: HUDSON, FL 34669

Title: VCOM ( ) Delete
Name: JOHNSON, JAMES
Address: 11100 LINDEN DR.
City-St-Zip: SPRING HILL, FL 34607

Title: VCOM ( ) Delete
Name: DAVIS, RICHARD
Address: 10240 DE-KOSTER
City-St-Zip: HUDSON, FL 34667

Title: FO ( ) Delete
Name: GEBBING, ALBERT
Address: 83086 SAND WEDGE CIR
City-St-Zip: HUDSON, FL 34667

Title: ADJU ( ) Delete
Name: SUPER, THEODORE
Address: 15420 AUBAEY AVE
City-St-Zip: SPRING HILL, FL 34610

Title: TR ( ) Delete
Name: COOKE, JIM
Address: 11927 QUINCY DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCOM (X) Change ( ) Addition
Name: DAVIS, RICHARD
Address: 8810 SCHARADER BLVD
City-St-Zip: PORT RICHEY, FL 34668

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: JAMES JOHNSON VCOM 04/14/2009
Electronic Signature of Signing Officer or Director Date