2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003173

Title:

Name:

Address:

City-St-Zip:

FILED Mar 14, 2008 Secretary of State

Entity Name: AMVETS POST 32 CORPORATION					
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
1339 GARY LAKELAND					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1339 GARY LAKELAND	(ROAD), FL 33801				
FEI Number:	59-6166661	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
LANE, JOHN 2014 DANTE ST. LAKELAND, FL 33801 US			LANE, JOHN C 2014 DANTE ST. LAKELAND, FL 3	3801 US	
The above in the State		ubmits this statement for the po	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: JOHN C. LANE				03/14/2008	
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MCCLAIN, JOHN 1990 15TH CT. N WINTER HAVEN	I.W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () WUESTHOFF, G 2225 DEER RUN LAKELAND, FL	I	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GLEASON, PHIL 1318 BUDWOOI LAKELAND, FL) RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROGERS, THOM 2730 SADDLE C LAKELAND, FL	REEK RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C. LANE **CMDR** 03/14/2008

() Delete

HAVERTEL, MILTON

1109 B E ORANGE ST

LAKELAND, FL 33801

() Change () Addition