

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005960

FILED
Apr 16, 2007
Secretary of State

Entity Name: AMERICAN VETERANS BRUCE L. SIMPSON POST 21 INC.

Current Principal Place of Business:

2029 US 27 SOUTH
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

2029 US 27 SOUTH
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 65-0510521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, BRENDA G
7903 CASH STREET
SEBRING, FL 33876 US

Name and Address of New Registered Agent:

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:

Title: CD () Delete
Name: WILCOX, ROBERT
Address: 4808 COCO PALM DR
City-St-Zip: SEBRING, FL 33870 53

Title: 1VD () Delete
Name: STOREY, FRANK
Address: 3344 NEW YORK AVENUE
City-St-Zip: SEBRING, FL 33872

Title: 2VD () Delete
Name: NEEL, JAMES
Address: 2940 DESOTO RD
City-St-Zip: SEBRING, FL 33870

Title: FOD () Delete
Name: WILSON, BRENDA G
Address: 7903 CASH ST
City-St-Zip: SEBRING, FL 33876

Title: T () Delete
Name: BARNHART, ART
Address: 3610 SPARTA RD
City-St-Zip: SEBRING, FL 33875

Title: T () Delete
Name: JULIAN, TIM
Address: 271 BROOK LN.
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: 2VD (X) Change () Addition
Name: GRAY, EARL
Address: 3352 NEW YORK AVE
City-St-Zip: SEBRING, FL 33872

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

Title: T (X) Change () Addition
Name: MURPHY, GENE
Address: 3305 SPARKLING DR
City-St-Zip: SEBRING, FL 33870

Title: T (X) Change () Addition
Name: BONEY, JAMES
Address: 2333 CROYDEN RD
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA G WILSON

FOD

04/16/2007

Electronic Signature of Signing Officer or Director

Date