

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004352

FILED
Jan 08, 2007
Secretary of State

Entity Name: AMERICAN VETERANS POST #13, INC.

Current Principal Place of Business:

645 WEST NEW YORK AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

645 WEST NEW YORK AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3334943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIELIN, BETTY LOU
645 W. NEW YORK AVENUE
DELAND, FL 32720 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: COMM () Delete
Name: PIELIN, BETTY LOU
Address: 820 N.BOUNDARY AVE
City-St-Zip: DELAND, FL 32720

Title: 1VP () Delete
Name: LANE, THOMAS
Address: 208 W. HAVEN LANE
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: PEARCE, DAVID L
Address: 123 WESTWOOD AVENUE
City-St-Zip: DELAND, FL 32720

Title: A () Delete
Name: CHEEK, GLENDA
Address: 40923 SUNSET CIRCLE
City-St-Zip: EUSTIS, FL 32736

Title: F () Delete
Name: STROCK, STEVEN B
Address: 820 N BOUNDARY AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BETTYLOU PIELIN

COMM

01/08/2007

Electronic Signature of Signing Officer or Director

Date