

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002631

FILED
Jan 14, 2006
Secretary of State

Entity Name: AMVETS POST 25 CITRA, FLA. INCORPORATED

Current Principal Place of Business:

16535 NE HWY 301
CITRA, FL 32113 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 39
CITRA, FL 32113

New Mailing Address:

FEI Number: 59-3364351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSELL, FRANK
16535 NE HWY 301
CITRA, FL 32113 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: DST () Delete
Name: RUSSELL, FRANK
Address: 16535 NE HWY 301
City-St-Zip: CITRA, FL 32113 US

Title: DC () Delete
Name: HEMPKER, ROBERTS
Address: 16535 NE HWY 301
City-St-Zip: CITRA, FL 32113 US

Title: DP () Delete
Name: KOPECZY, ARTHUR
Address: 16535 NE HWY 301
City-St-Zip: CITRA, FL 32113 US

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:

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: FRANK RUSSELL

COMM

01/14/2006

Electronic Signature of Signing Officer or Director

Date