

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 05, 2011**  
**Secretary of State**

DOCUMENT# N99000001698

**Entity Name:** AMVETS POST #98, INC.**Current Principal Place of Business:**4629 BARTELT ROAD  
HOLIDAY, FL 34690 55**New Principal Place of Business:****Current Mailing Address:**4629 BARTELT ROAD  
HOLIDAY, FL 34690 55**New Mailing Address:****FEI Number:** 59-3541070**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LANGDON, DENNIS COMM  
4629 BARTELT ROAD  
HOLIDAY, FL 346905534 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  
**Name:** LANGDON, DENNIS  
**Address:** 4946 GASLIGHT AVE  
**City-St-Zip:** HOLIDAY, FL 34690**Title:** FIN  
**Name:** GREINER, GARY  
**Address:** 542 GRAND BLVD  
**City-St-Zip:** TARPON SPRINGS, FL 34689 US**Title:** JA  
**Name:** DEBAULT, HERBERT  
**Address:** 5914 JESSUP DRIVE  
**City-St-Zip:** ZEPHYRHILLS, FL 33540 US**Title:** ADJU  
**Name:** GRIFFIN, LARRY  
**Address:** 2026 TUMBLEWEED DRIVE  
**City-St-Zip:** HOLIDAY, FL 34690 US

I hereby 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 all other like empowered.

SIGNATURE: LARRY W. GRIFFIN

ADJ

08/05/2011

Electronic Signature of Signing Officer or Director

Date