

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90017 031 ****70.00



DOCUMENT # N95000000354

1. Entity Name

AMVETS POST 92, INC.

Principal Place of Business

Mailing Address

~~2007 N.E. DIXIE HIGHWAY~~
JENSEN BEACH FL 34957

PO BOX 2272
JENSEN BEACH FL 34958

2. Principal Place of Business - No P.O. Box #

2230 NE DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.



1st MOORE CR2E037 (10/06)

City & State

JENSEN BEACH

Zip

Country

City & State

FL 34957

Zip

Country

4. FEI Number

65-0557543

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, BRUCE
5607 PALETTO DRIVE
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

HEITMANN, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

1663 NW WREN AVE

City

STUART

FL

Zip Code

34994

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Heitmann

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

3-8-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	COMM	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, BRUCE	
STREET ADDRESS	5607 PALETTO DRIVE	
CITY, ST, ZIP	FORT PIERCE FL 34982	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEITMANN, RICHARD	
STREET ADDRESS	1663 NW WREN AVENUE	
CITY, ST, ZIP	STUART FL 34994	

TITLE	FO	<input checked="" type="checkbox"/> Delete
NAME	FREDRICKS, NORMAN	
STREET ADDRESS	61 NE 15 TERRACE	
CITY, ST, ZIP	STUART FL 34994	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	RICHARD HEITMANN	
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITMANN, RICHARD	
STREET ADDRESS	1663 NW WREN AVE	
CITY, ST, ZIP	STUART, FL 34994	

TITLE	1st VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICKS, NORMAN	
STREET ADDRESS	61 NE 15 TERRACE	
CITY, ST, ZIP	STUART FL 34994	

TITLE	FINANCE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIE, MARK	
STREET ADDRESS	2633 NE PALM AVE	
CITY, ST, ZIP	JENSEN BEACH, FL 34957	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Heitmann

3-8-07

772-334-8407
772-692-4393