


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90005 027 ****61.25

DOCUMENT # N95000000354
1. Entity Name
AMVETS POST 92, INC.



Principal Place of Business Mailing Address
2230 N.E. DIXIE HIGHWAY 2230 N.E. DIXIE HIGHWAY
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2230 NE DIXIE HWY, JB, FL 34957 P.O. BOX 2272
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
JENSEN BEACH FL JB FLA
Zip Country Zip Country
34957 JENSEN BEACH FL 34957 USA

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
HEITMANN, RICHARD
1663 NW WREN AVE
STUART FL 34994

7. Name and Address of New Registered Agent
Name: Linda Schwartz
Street Address (P.O. Box Number is Not Acceptable): 1574 NE SILVIA AVE
Jensen Beach FL 34957
City: FL Zip Code

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: *Linda Schwartz* DATE: 2-5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	T	<input type="checkbox"/> Delete
NAME	PETRIE, MARK	
STREET ADDRESS	2633 NE PALM AVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HEITMANN, RICHARD	
STREET ADDRESS	1663 NW WREN AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	V	<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		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA SCHWARTZ	
STREET ADDRESS	1574 NE SILVIA AVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	1ST VICE COMMANDER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL ORGAN	
STREET ADDRESS	4132 NE ROBIN CT	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	2ND VICE COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL BUROFSKY	
STREET ADDRESS	P.O. BOX 504	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	JUDGE ADVOCATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH C. SEELY	
STREET ADDRESS	2198 SE ANSEL ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984-4212	
TITLE	PROVOST MARSHALL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE OUVENS	
STREET ADDRESS	2805 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	

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: *Mark I. Petrie* MARK I. PETRIE, f.o. 2-5-08 772 334-8407