

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 12, 2009  
Secretary of State

DOCUMENT# N95000000354

Entity Name: AMVETS POST 92, INC.

**Current Principal Place of Business:**

2230 N.E. DIXIE HIGHWAY  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

POB 2272  
JENSEN BEACH, FL 34958

**New Mailing Address:**

FEI Number: 65-0557543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHWARTZ, LINDA  
1574 NE SILVA AVE  
JENSEN BEACH, FL 34957      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: T ( ) Delete  
Name: PETRIE, MARK  
Address: 2633 NE PALM AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: 1VC ( ) Delete  
Name: ORGAN, MICHAEL  
Address: 4132 NE ROBIN CT  
City-St-Zip: JENSEN BEACH, FL 34957

Title: 2VC (X) Delete  
Name: BUROFSKY, PAUL  
Address: POB 564  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: C ( ) Delete  
Name: SCHWARTZ, LINDA  
Address: 1574 NE SILVIA AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: JA ( ) Delete  
Name: SEELY, JOSEPH C  
Address: 2198 SE ANECI ST  
City-St-Zip: FORT PIERCE, FL 349824712

Title: PM ( ) Delete  
Name: OVENS, MIKE  
Address: 2505 NE INDIAN RIVER DR  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: GRIFFITHS, DAVID  
Address: 7589 S.E. GULL WAY  
City-St-Zip: HOBE SOUND, FL 33455

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: JA (X) Change ( ) Addition  
Name: SEELY, JOSEPH C  
Address: 2198 SE ANECI ST  
City-St-Zip: PORT ST. LUICE, FL 34984

Title: PM (X) Change ( ) Addition  
Name: WILLIAM, NOVALH  
Address: 2514 S.E. WEST BLACKWELL DR.  
City-St-Zip: PORT ST. LUICE, FL 34952

I hereby certify that the information supplied with this filing does not qualify 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: DAVID GRIFFITHS

T

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date