

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90121 037 ****74.00



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

Principal Place of Business: **2087 N.E. DIXIE HIGHWAY JENSEN BEACH FL 34957**
 Mailing Address: **PO BOX 2272 JENSEN BEACH FL 34958**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country Zip: Country

1st MOORE CR2E037 (10/04)
 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
MENDONCA, PETER J
2087 N.E. DIXIE HWY
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 Name: **HUDSON, BRUCE**
 Street Address (P.O. Box Number is Not Acceptable):
5607 PALETTO DR
 City: **FT. PIRCE** FL Zip Code: **34982**

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: *Bruce D. Hudson* **BRUCE HUDSON COMM.** DATE: **5/18/05**
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, 2005
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: COMM NAME: MENDONCA, PETER J STREET ADDRESS: 2087 N.E. DIXIE HWY CITY-ST-ZIP: JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE: Comm. NAME: HUDSON, BRUCE STREET ADDRESS: 5607 PALETTO DR. CITY-ST-ZIP: FT. PIRCE, FL. 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: JADV NAME: WAYNES, ROBERT STREET ADDRESS: 2210 N.W. SUNSET BLVD. CITY-ST-ZIP: JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE: 1st V. Comm. NAME: HEITMANN, RICHARD STREET ADDRESS: 1663 N.W. WREN AVE. CITY-ST-ZIP: STUART, FL. 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: FO NAME: BISHOP, HAROLD D STREET ADDRESS: 1239 N.E. OLIVE ST. CITY-ST-ZIP: JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE: F.O. NAME: FREDRICKS, NORMAN STREET ADDRESS: 61 N.E. 15 TERR. CITY-ST-ZIP: STUART, FL. 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bruce D. Hudson* **BRUCE HUDSON** DATE: **5/18/05**
Signature and typed or printed name of signing officer or director