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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747262

1. Corporation Name

NORTH FT. MYERS AMVETS POST #50 INC.

Principal Place of Business
AMVETS
2705 GARDEN STREET
N. FT. MYERS, FL 33917

Mailing Address
AMVETS POST #50
2705 GARDEN STREET
N. FT. MYERS, FL 33917

3. Date Incorporated or Qualified: 5/21/79
3a. Date of Last Report: 8/29/96

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2001743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

E.G.(Lance) Lansberry
2203 Griffin Ln.
N. Ft. Myers, Fl. 33917

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P	CDR.	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	E.G.(Lance) Lansberry		12 NAME		
STREET ADDRESS	2203 Griffin Ln.		13 STREET ADDRESS		
CITY-ST-ZIP	N. Ft. Myers, Fl. 33917		14 CITY-ST-ZIP		
TITLE D	1st Vice	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Walter Rice		22 NAME		
STREET ADDRESS	8104 Marx Dr.		23 STREET ADDRESS		
CITY-ST-ZIP	N. Ft. Myers, Fl. 33917		24 CITY-ST-ZIP		
TITLE V/D	2ND Vice	XX DELETE	31 TITLE V/D	2ND Vice	☒ Change ☐ Addition
NAME	Bobby Martinez		32 NAME	Kenny Hannigan	
STREET ADDRESS	2705 Garden St.		33 STREET ADDRESS	2705 Garden St.	
CITY-ST-ZIP	N. Ft. Myers, Fl. 33917		34 CITY-ST-ZIP	N. Ft. Myers, Fl. 33917	
TITLE S	Adjutant	XX DELETE	41 TITLE S	Adjutant	☒ Change ☐ Addition
NAME	Allen Guckenberg		42 NAME	Donald Israel	
STREET ADDRESS	2705 Garden St.		43 STREET ADDRESS	7993 Bogart Dr.	
CITY-ST-ZIP	N.Ft. Myers, Fl. 33917		44 CITY-ST-ZIP	N.Ft. Myers, Fl. 33917	
TITLE T	Fin. Off.	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Tyrone E. Scorsone		52 NAME		
STREET ADDRESS	7570 Breeze Dr.		53 STREET ADDRESS		
CITY-ST-ZIP	N. Ft. Myers, Fl. 33917		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	800002099358	☐ Change ☐ Addition
NAME			62 NAME	-02/27/97--01003--041	
STREET ADDRESS			63 STREET ADDRESS	***70.00	
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Tyrone E. Scorsone

SIGNATURE: Tyrone E. Scorsone — Feb. 13, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: (941) 997 1148