# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 14, 2004 8:00 am**
**Secretary of State**
05-14-2004 90005 017 ****74.90

DOCUMENT # 747262

1. Entity Name

NORTH FORT MYERS AMERICAN VETERANS POST 50, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2705 GARDEN STREET<br>N FT MYERS FL 33917 | 2705 GARDEN STREET<br>N FT MYERS FL 33917 |

04054345

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRAVERS, BENNY
2705 GARDEN STREET
NORTH FORT MYERS FL

**7. Name and Address of New Registered Agent**

Name

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

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>TRAVERS, BENNY<br>2705 GARDEN ST<br>N. FT MYERS FL 33917-6208 | ☐ Delete | CD<br>SMITH ROBert<br>2705 GARDEN ST NT'MYERS FL' 33917 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JAD<br>HARRIS, MARK<br>17890 SLATER RD<br>NORTH FORT MYERS FL 33917 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PMD<br>HAMMOCK, MELVIN<br>7310 PENZANCE BLVD., APT #160<br>FORT MYERS FL 33912 | ☐ Delete | PMD<br>TIMMY G CROSS<br>7823 Hart Rd N FT Myers FL' 33917 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FOD<br>ALBRIGHT, DONALD<br>7655 MCDANIEL RD<br>NORTH FORT MYERS FL 33917 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1VC<br>SMITH, ROBERT L<br>8316 HART DR<br>NORTH FORT MYERS FL 33917 | ☐ Delete | 1vc<br>Benny Travers<br>2705 Garden ST N'FT Myers Fl 33917 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VC<br>HANIGAN, KENNETH<br>354 SANTA BARBARA ST<br>NORTH FORT MYERS FL 33917 | ☐ Delete | 2vc<br>Gerald Albrecht<br>1940 Corona Del Sire N' FT Myers Fl' 33917 | ☐ Change ☐ 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:** Benny Travers Benny Travers 5/10/04 239-997-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #