

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

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90006 028 ****70.00

DOCUMENT # N01000004621

1. Entity Name

SUMTER CO. AMVETS POST #79 INC.



Principal Place of Business

PO BOX 1379
WEBSTER FL 33597

Mailing Address

PO BOX 1379
WEBSTER FL 33597

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

59-3581135

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, M J
1394 SW 83RD AVE
BUSHNELL FL 33613

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

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

TITLE DP
NAME SCOTT, M J
STREET ADDRESS PO BOX 1597
CITY-ST-ZIP BUSHNELL FL 33513 ☐ Delete

TITLE D
NAME ELLIOT, GENE
STREET ADDRESS PO BOX 22
CITY-ST-ZIP LAKE PANASOFFKEE FL 33638 ☐ Delete

TITLE TD
NAME ANDERSON, MAXINE L
STREET ADDRESS PO BOX 694
CITY-ST-ZIP BUSHNELL FL 33513-0694 ☐ Delete

TITLE D
NAME SCOTT, DAVID W
STREET ADDRESS 5700 CR 746S
CITY-ST-ZIP WEBSTER FL 33597 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ 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: *M. J. Scott* M. J. SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04 352-793-1434

Date

Daytime Phone #