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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:59

DOCUMENT # N16060 (8)

1. Corporation Name
AMVETS-POST-#86, INC.

Principal Place of Business	Mailing Address
6685 BROOKLYN BAY RD KEYSTONE HEIGHTS FL 32656 US	P. O. BOX 1596 KEYSTONE HEIGHTS FL 32656 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1986
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2661297 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

RUSSELL, JOHN
6685 BRROKLYN BAY RD
KEYSTONE HEIGHT FL 32656

10. Name and Address of New Registered Agent

01 Name: WARREN, JOHN
02 Street Address (P.O. Box Number is Not Acceptable): 7513 HALL LAKE RD
03
04 City: KEYSTONE Hts FL 05 Zip Code: 32656

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Warren JOHN WARREN 1-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, RONALD	1.2 NAME	
STREET ADDRESS	6164 JUILLIARD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, JOHN	2.2 NAME	
STREET ADDRESS	6394 CASCADE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE GENEVA FL	2.4 CITY-ST-ZIP	
TITLE	MT	3.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, JOHN	3.2 NAME	
STREET ADDRESS	7513 HALL LAKE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PETTY, JOSEPH	4.2 NAME	
STREET ADDRESS	5291 CR 352	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HGTS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WOOTEN, JUGH	5.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 810	5.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FROHLICH, FRANK	6.2 NAME	
STREET ADDRESS	7077 OAK FOREST RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE GENEVA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Warren JOHN WARREN 1-23-95 404 473-3835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FAX 904 473-5695

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