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# FILED
# Feb 13 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

**1998**

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

DOCUMENT # N16060 (8)

1. Corporation Name

AMVETS-POST-#86, INC.

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

3. Date Incorporated or Qualified: 06/20/1986

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WARREN, JOHN
7513 HALL LAKE RD
KEYSTONE HEIGHTS FL 32656

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 _____ DATE

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☒ DELETE | 1.1 TITLE | CD BOSWELL, RAY | ☐ Change ☒ Addition |
| NAME | THOMPSON, RONALD | | 1.2 NAME | 7619 EL DORADO AVE | |
| STREET ADDRESS | 6164 JUILLIARD AVE. | | 1.3 STREET ADDRESS | KEYSTONE HEIGHTS FL. | (Post Address) |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | CD | ☐ DELETE | 2.1 TITLE | CHANGE FROM CD TO D | ☒ 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FROHLICH, FRANK | | 6.2 NAME | | |
| STREET ADDRESS | 7677 OAK FOREST RD. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE GENEVA FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. 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 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 1-16-98 352-473-3335