FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90074 033 ****70.00

DOCUMENT # N-16060

1. Corporation Name

AMVETS POST 86 INC

Principal Place of Business	Mailing Address
6685 Brooklyn Bay Road	P.O. Box 1579
Keystone Heights, FL 32656	

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed	6-20-86
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number	59-2661297 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

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: Miller J.B.
82 Street Address (P.O. Box Number is Not Acceptable): 335 NE COMMERCIAL CIRCLE
83
84 City: Keystone Heights FL 85 Zip Code: 32656

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: J.B. Miller COMMANDER — 5-6-99
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		☑ DELETE	1.1 TITLE	COMMANDER C/D	☐ Change ☐ Addition
NAME	Boswell, Ray		1.2 NAME	J.B. Miller	
STREET ADDRESS	7612 El Dorado Ave		1.3 STREET ADDRESS	335 NE Commercial Circle	
CITY-ST-ZIP	Keystone Heights FL 32656		1.4 CITY-ST-ZIP	Keystone Heights FL 32656	
TITLE		☑ DELETE	2.1 TITLE	1st VICE COMMANDER D	☐ Change ☐ Addition
NAME	Russell, John		2.2 NAME	William OGDEN	
STREET ADDRESS	6394 CASCADE DR		2.3 STREET ADDRESS	P.O Box 585	
CITY-ST-ZIP	Lake Geneva, FL		2.4 CITY-ST-ZIP	STARKE FL 32091	
TITLE		☑ DELETE	3.1 TITLE	FINANCE OFFICER M/T	☐ Change ☐ Addition
NAME	Warren John		3.2 NAME	John Connelly	
STREET ADDRESS	7513 HALL LAKE Rd		3.3 STREET ADDRESS		
CITY-ST-ZIP	Keystone Heights, FL		3.4. CITY-ST-ZIP	Keystone Heights FL 32656	
TITLE		☑ DELETE	4.1 TITLE	2ND VICE COMMANDER D	☐ Change ☐ Addition
NAME	Petty Joseph		4. 2 NAME	Gary HAGMAN	
STREET ADDRESS	5291 CR 352		4.3 STREET ADDRESS	107 Ashley Lake Dr.	
CITY-ST-ZIP	Keystone Heights FL		4.4 CITY-ST-ZIP	MELROSE FL 32666	
TITLE		☐ DELETE	5.1 TITLE	3RD VICE COMMANDER D	☐ Change ☐ Addition
NAME	Wooten Jugh		5.2 NAME	Robert SAUERS	
STREET ADDRESS	Rt 3, Box 810		5.3 STREET ADDRESS	5666 CHUGAH ST	
CITY-ST-ZIP	Starke, FL		5.4 CITY-ST-ZIP	Keystone Heights FL 32656	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Frolich, Frank		6.2 NAME		
STREET ADDRESS	7677 OAK FORREST Rd		6.3 STREET ADDRESS		
CITY-ST-ZIP	Lake Geneva, FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: J.B. Miller — J.B. Miller — 5-6-99 — (352)473-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #