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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20128 (7)

1. Corporation Name

AMVETS POST #40, INC.



Principal Place of Business

Mailing Address

129 PALM LN
ISLAMORADA FL 33036-3016
US1529 AQUEDUCT LANE
KEY LARGO FL 33037-2802
US3. Date Incorporated or Qualified
04/14/19873a. Date of Last Report
01/24/19962. Principal Place of Business
21 1529 AQUEDUCT LANE2a. Mailing Address
26 1529 AQUEDUCT LANE4. FEI Number
65-0007236Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **KX** \$8.75 Additional
Fee Required23 City & State
KEY LARGO, FL28 City & State
KEY LARGO, FL6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 33037-2802 Country 25 MONROE

29 Zip 33037-2802 Country 30 MONROE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHINDRESS, DONALD P
1529 AQUEDUCT LN
KEY LARGO FL 33037

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

Signature typed or printed name of registered agent and title if applicable

DONALD P. RHINDRESS

(NOTE: Registered Agent signature required when reinstating)

1-7-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME WALLACE, JOHN L.
STREET ADDRESS 129 PALM LANE
CITY - ST - ZIP ISLAMORADA FL1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME STUART ARCHER
1.3 STREET ADDRESS 7340 S.W. 132nd ST
1.4 CITY - ST - ZIP MIAMI, FL 33156TITLE D ☐ DELETE
NAME FAUROT, JIM
STREET ADDRESS 10800 S.W. 211TH ST.
CITY - ST - ZIP MIAMI FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME RHINDRESS, DONALD
STREET ADDRESS 1529 AQUEDUCT LN
CITY - ST - ZIP KEY LARGO FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME WILLIAMS, DAVID
STREET ADDRESS 368 SW 3RD ST
CITY - ST - ZIP FLORIDA CITY FL4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME ED WESTPY
4.3 STREET ADDRESS 12814 S.W. 48th TERRACE
4.4 CITY - ST - ZIP MIAMI, FL 33157TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

(305) 453-9340

Daytime Phone # 0024478

CR2E037 (9/96)