**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 !**

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 MAR -9 AM 9:17**

DOCUMENT # **N49665** **(5)**

1. Corporation Name

**AMVETS GOLDEN TRIANGLE POST #1992 INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| JAMES JOHNSON<br>31915 TROPICAL SHORES DR<br>TAVARES FL 32778 | JAMES JOHNSON<br>31915 TROPICAL SHORES DR<br>TAVARES FL 32778 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-3129495 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 AMVETS, POST 1992, INC. | 26 AMVETS, POST 1992 INC. |
| Suite, Apt. #, etc.<br>22 31116 F FAIRVIEW AVE. | Suite, Apt. #, etc.<br>27 C/O 1019 DUNDEE CIRCLE |
| City & State<br>23 TAVARES, FL | City & State<br>28 LEESBURG, FL |
| Zip / Country<br>24 32778 / 25 USA | Zip / Country<br>29 34788 / 30 USA |

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JOHNSON, JAMES<br>31915 TROPICAL SHORES DR<br>TAVARES FL 32778 | 81 Name: RICHARD J. BRIENIK<br>82 Street Address (P.O. Box Number is Not Acceptable): 1019 DUNDEE CIRCLE<br>83<br>84 City: LEESBURG, FL 85 Zip Code: 34788 |

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: Richard J. Brienik — MARCH 5, 1995
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 | DP | 1.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | JOHNSON, JAMES | 1.2 NAME | RICHARD TROENDLE | |
| STREET ADDRESS | 31915 TROPICAL SHORES DR | 1.3 STREET ADDRESS | 717 HASELTON STREET | |
| CITY-ST-ZIP | TAVARES FL 32778 | 1.4 CITY-ST-ZIP | EUSTIS, FL 32726 | |
| TITLE | D | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | COMBS, DAVID | 2.2 NAME | DONALD GREGORY | |
| STREET ADDRESS | 32150 BLUEGILL DR | 2.3 STREET ADDRESS | 11534 HICKORY LANE | |
| CITY-ST-ZIP | TAVARES FL 32778 | 2.4 CITY-ST-ZIP | TAVARES, FL 32778 | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRIENIK, RICHARD J | 3.2 NAME | | |
| STREET ADDRESS | 1019 DUNDEE CIRCLE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG FL 34788 | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 no address.

**SIGNATURE:** Richard J. Brienik RICHARD J. BRIENIK 3-5-95 904 343 6124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032406