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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

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

1. Corporation Name

AMVETS GOLDEN TRIANGLE POST #1992 INC.

Principal Place of Business	Mailing Address
AMVETS POST 1992 INC 31116-F FAIRVIEW AVE TAVARES FL 32778 US	AMVETS POST 1992 INC. P.O. BOX 163 TAVARES FL 32778-0163 US

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 01/26/1996

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

4. FEI Number: 59-3129495 ☐ 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

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

9. Name and Address of Current Registered Agent

BRIENIK, RICHARD J.
1019 DUNDEE CIR
LEESBURG FL 34788

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 _____
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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ORDAZZO, ROBERT W		1.2 NAME		
STREET ADDRESS	4301 N. HWY 19A, UNIT 258		1.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, WAYNE		2.2 NAME		
STREET ADDRESS	P.O. BOX 726		2.3 STREET ADDRESS		
CITY-ST-ZIP	MT. DORA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	~~Amended~~ DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERCY DOOLE		4.2 NAME		
STREET ADDRESS	13500 WOODLAND DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	[redacted] STATEN ISLAND FL. 34705		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FORREST HUNT		5.2 NAME		
STREET ADDRESS	330 DALE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL. 32778		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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] 1/15/96