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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000000551 (2)**

1. Corporation Name

AMVETS NATIONAL FOUNDERS - POST 1, INC.

Principal Place of Business

Mailing Address

**421 45TH AVE. SO.
ST PETERSBURG FL 33705**

**421 45TH AVE. SO.
ST PETERSBURG FL 33705-4510**



3. Date Incorporated or Qualified
02/03/1993

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORRIS, DANIEL
5428 29TH ST N.
ST PETERSBURG FL 33714**

81 Name

WALTER REDVICT

82 Street Address (P.O. Box Number is Not Acceptable)

5700 9th Street S

83

84 City

St Petersburg

FL

85 Zip Code
33705

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 *Walter Redvict*

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

(NOTE: Registered Agent signature required when reinstating)

1/13/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☒ DELETE
NAME **NORRIS, DANIEL**
STREET ADDRESS **5428 29TH ST N.**
CITY - ST - ZIP **ST. PETERSBURG FL 33714**

TITLE **T** ☐ DELETE
NAME **VEIRA, ANTONIE W.**
STREET ADDRESS **6664 S 28 ST**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE **TD** ☐ DELETE
NAME **WIBBERG, SYLVIA**
STREET ADDRESS **3739 POMPAÑO DR S.E.**
CITY - ST - ZIP **ST. PETERSBURG FL 33705**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE **DC** ☒ Change ☐ Addition
1.2 NAME **Walter Redvict**
1.3 STREET ADDRESS **5700 9th Street S.**
1.4 CITY - ST - ZIP **St Petersburg, Fl. 33705-4510**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 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: *Walter Redvict* **Post Commander**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 **813-867-2996**

Date *Walter Redvict* # 0000122

CR2E037 (9/96)