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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 02/03/1993

4. FEI Number: 59-2899307 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALTER REDVICT
5700 9TH STREET S.
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: Charles L. Wisner
82 Street Address (P.O. Box Number is Not Acceptable): 549 Dolphin Avenue SE
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: Charles L Wisner — March 4, 1998
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	DC	☐ DELETE	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	WALTER REDVICT		1.2 NAME	Charles L. Wisner	
STREET ADDRESS	5700 9TH STREET S.		1.3 STREET ADDRESS	549 Dolphin Avenue SE	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St Petersburg Fl. 33705-4141	
TITLE	T	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	VIEIRA, ANTONE W.		2.2 NAME	Walthew Reardon	
STREET ADDRESS	6664 S 28 ST		2.3 STREET ADDRESS	817 58th Avenue S.	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St Petersburg Fl. 33707	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WIBBERG, SYLVIA		3.2 NAME	Gerald Cummings	
STREET ADDRESS	3739 POMPANO DR S.E.		3.3 STREET ADDRESS	225 Pompano Drive SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33705		3.4 CITY-ST-ZIP	St Petersburg Fl. 33705	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (10/97)

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.

SIGNATURE: Charles L Wisner — March 4, 1998 813-821-9708