2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90014 030 ****61.25

DOCUMENT # N93000000551

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENNIS, RONALD J. 4135 SUNRISE DR. S. ST PETERSBURG FL 33705	Name SHOKEY JOHN G. Street Address (P.O. Box Number is Not Acceptable) 6390 12TH St. S. City St Petersburg FL Zip Code 33705

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE John H. Shokey
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENNIS, RONALD L 4135 SUNRISE DR. S. ST. PETERSBURG FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOKEY JOHN G 6390 12th St S. St Petersburg Fl 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISNER, CHARLES L 549 DOLPHIN AVE. SE ST. PETERSBURG FL 33705-4141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MONICA PATRICK J 4176 WHITING Dr. S.E. St. Petersburg Fl 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEAVER, DOROTHY 3324 BONNIE DR ELLENTON FL 34222	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Brock Donald D 2522 Bayside Dr. S St Petersburg Fl 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SHOKEY, JOHN G 6390 12TH ST. S. SAINT PETERSBURG FL 33712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brown James A 3136 48th Ave S St Petersburg Fl 33712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Shokey REQUIRED JOHN G. SHOKEY 1/31/02 727 867-7836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #