2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000551

1. Entity Name
AMVETS NATIONAL FOUNDERS - POST 1, INC.

FILED
04 MAR -8 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
421 45TH AVE. SO. ST PETERSBURG, FL 33705	421 45TH AVE. SO. ST PETERSBURG, FL 33705

01152004 No Chg-NP CR2E037 (10/03)

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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

SHOKEY, JOHN G
6390 12TH ST S
ST PETERSBURG, FL 33705

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 600030506676
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 03/16/04 01031 020 **70.00

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SHOKEY, JOHN G
STREET ADDRESS	6390 12TH STREET SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705 COMMANDER
TITLE	D REDVICT WALTER
NAME	
STREET ADDRESS	5700 9TH ST. SO
CITY-ST-ZIP	ST PETERSBURG, FL 33705 1ST VICE COM.
TITLE	TD
NAME	FERRELL BILL
STREET ADDRESS	3645 BEACH DR. SOUTH EAST
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705 FIN. OFF
TITLE	D
NAME	BELL JOHN
STREET ADDRESS	3436 MANATEE DR. SOUTH EAST
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705 2ND VICE COM.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 G. Shokey JOHN G. SHOKEY 3/8/04 727-896-4122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
COMMANDER