## 2005 NOT-FOR-PROFIT CORPORATION

## Feb 03, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N93000000551** 02-03-2005 90049 031 \*\*\*\*70.00 AMERICAN VETERANS POST 0001, INC. Principal Place of Business Mailing Address JUULUATU 421 45TH AVE. SO. 421 45TH AVE. SO. ST PETERSBURG, FL 33705 ST PETERSBURG, FL 33705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number Applied For City & State 59-2899307 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHOKEY, JOHN G Street Address (P.O. Box Number is Not Acceptable) 6390 12TH ST S ST PETERSBURG, FL 33705 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. DC TITLE XI Change ☐ Addition X Delete TITLE SHOKEY, JOHN G MORGAN, RAY NAME NAME 4835 COBIA DRIVE SE APT A STREET ADDRESS 6390 12TH STREET SO STREET ADDRESS ST. PETERSBURG, FL 33705 SAINT PETERSBURG, FL 33705 CITY-ST-ZIP CITY-ST-ZIP TITLE X Change ☐ Addition Delete TITLE SHOKEY, JOHN G. 6391-12<sup>TH</sup> STREET SO NAME REDVICT, WALTER NAME 5700 9TH STREET SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33705 CITY-ST-ZIP ST PETERSBURG, FL 33705 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE FERRELL, BILL NAME NAME STREET ADDRESS 3645 BEACH DRIVE, SOUTHEAST STREET ADDRESS CHY-ST-ZIP SAINT PETERSBURG, FL 33705 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FILLE BELL, JOHN NAME NAME 3436 MANATEE DRIVE, SOUTHEAST STREET ADORESS STREET ADDRESS SAINT PETERSBURG, FL 33705 CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS

FILED

☐ Change

☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

CHY ST-ZIP

CHY-SI-ZIP

TITLE

NAME STREET ADDRESS

MURGAN COMMANDER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR