2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0045600

DOCUMENT # N93000000551

FILED

03 NOV -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT ☐ CHECK HERE IF ADDING CHANGES 03

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
SHOKEY, JOHN G 6390 12TH ST S ST PETERSBURG FL 33705	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 X John G. Shokey 10/29/03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MONICA, PATRICK J 4176 WHITING DR S.E. SAINT PETERSBURG FL 33705	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC JOHN G. SHOKEY 6390 12th Street So. Saint Petersburg, Fl. 33705	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOKEY, JOHN G 6390 12TH ST S SAINT PETERSBURG FL 33705	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLES L. WISNER 549 Dolphin Avenue SE Saint Petersburg, Fl. 33705-4141	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROCK, DONALD D 2522 BAYSIDE DR S. SAINT PETERSBURG FL 33705	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MICHAEL NEWSBAUM 785 36th Avenue So. Saint Petersburg, Fl. 33705	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, JAMES A 3136 48TH AVE. S. SAINT PETERSBURG FL 33712	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM STUMP 5030 Starfish Drive SE Saint Petersburg, Fl. 33705	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100024389591 11/03/03--01102--027 **245.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 SIGNATURE REQUIRED John G. Shokey, Commander (Director) 727-867-7836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #