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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002934 (6)

1. Corporation Name

CLEMONS-MCLEMORE-BISHOP AMVETS POST 549, INC.



Principal Place of Business

Mailing Address

925 EAST 23RD PLACE
PANAMA CITY FL 32405

925 EAST 23RD PLACE
PANAMA CITY FL 32405-5201

3. Date Incorporated or Qualified
06/20/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2844926

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 D DELETE
NAME MCLAWHORN, BRUCE
STREET ADDRESS 331 FLOYD DR.
CITY-ST-ZIP LYNN HAVEN FL 32444

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME CRADER, JULES
STREET ADDRESS 199 HITCHCOCK ROAD
CITY-ST-ZIP PANAMA CITY FL 32409

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME HICKS, JERRY L
STREET ADDRESS 2512 N. BONITA AVE.
CITY-ST-ZIP PANAMA CITY FL 32405

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P DELETE
NAME BISHOP, JAMES W
STREET ADDRESS 1015 E. 23 PL.
CITY-ST-ZIP PANAMA CITY FL 32405

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V DELETE
NAME BURWELL, LOWELL
STREET ADDRESS 7923 JOHNNY LANE
CITY-ST-ZIP PANAMA CITY FL 32404

5.1 TITLE Change Addition
5.2 NAME MARSEE, JOHNNIE
5.3 STREET ADDRESS 3011 LAWTON COURT
5.4 CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE V DELETE
NAME EPLING, JAMES V
STREET ADDRESS 3906 BECORA CT.
CITY-ST-ZIP PANAMA CITY FL 32405

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Sandra B. Mortham* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-656-1616

CR2E037 (9/96)