

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744334

Entity Name: PLACID POST NO. 25, INC.**Current Principal Place of Business:**1490 US HWY 27 NORTH
LAKE PLACID, FL 33852-7952**Current Mailing Address:**1490 US HWY 27 NORTH
LAKE PLACID, FL 33852-7952 US**FEI Number:** 59-1927219**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARVER, CLARENCE JR.
1490 US HWY 27 NORTH
LAKE PLACID, FL 33852 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ADJUTANT
Name	HARRIS, WILLIAM
Address	1490 US HIGHWAY 27 N
City-State-Zip:	LAKE PLACID FL 33852-7952

Title	FINANCE OFFICER
Name	HARRIS, WILLIAM
Address	1490 US HWY 27 NORTH
City-State-Zip:	LAKE PLACID FL 33852-7952

Title	COMMANDER AND DIRECTOR
Name	GARVER, CLARENCE JR.
Address	1490 US HWY 27 NORTH
City-State-Zip:	LAKE PLACID FL 33852-7952

Title	COUNCILMAN AT LARGE
Name	GRIMMETT, TOM
Address	1490 US HWY 27 NORTH
City-State-Zip:	LAKE PLACID FL 33852-7952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARENCE GARVER JR

COMMANDER

04/06/2020

Electronic Signature of Signing Officer/Director Detail_____
Date