

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 ROBERT  
Address          1490 US HIGHWAY 27 N  
City-State-Zip: LAKE PLACID FL 33852-7952

Title            FINANCE OFFICER  
Name            PIERCE, ERNEST FRED  
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

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 AND  
DIRECTOR**

**08/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date