

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008830

**Entity Name:** US MILITARY VETS MC - FL4, INC.

**Current Principal Place of Business:**

C/O THE AMERICAN LEGION POST 40  
810 SOUTH US HIGHWAY 1  
FORT PIERCE, FL 34950

**Current Mailing Address:**

C/O THE AMERICAN LEGION POST 40  
810 SOUTH US HIGHWAY 1  
FORT PIERCE, FL 34950

**FEI Number:** 47-3136986

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GRAHAM, EDWARD D  
C/O THE AMERICAN LEGION POST 40  
810 SOUTH US HIGHWAY 1  
FORT PIERCE, FL 34950 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	DV
Name	GRAHAM, EDWARD D
Address	810 SOUTH US HWY 1 C/O THE AMERICAN LEGION
City-State-Zip:	FORT PIERCE FL 34950
Title	DS
Name	CAPLEY, MARK J
Address	C/O THE AMERICAN LEGION POST 40 810 SOUTH US HIGHWAY 1
City-State-Zip:	FORT PIERCE FL 34950

Title	DP
Name	KETTERING, KEN
Address	810 SOUTH US HWY 1 C/O THE AMERICAN LEGION
City-State-Zip:	FORT PIERCE FL 34950
Title	DT
Name	HUBER, DARYL
Address	810 SOUTH US HWY 1 C/O THE AMERICAN LEGION
City-State-Zip:	FORT PIERCE FL 34950

*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:** MARK J. CAPLEY

**SECRETARY**

**02/06/2019**

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

\_\_\_\_\_  
Date