

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000003733

**Entity Name:** AMVET RIDERS CHAPTER 67 INC.

**Current Principal Place of Business:**

512 S LINCOLN AVE  
CLEARWATER, FL 33756

**Current Mailing Address:**

512 S LINCOLN AVE  
CLEARWATER, FL 33756 US

**FEI Number:** 88-1951522

**Certificate of Status Desired:** Yes

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

SABO, FRANCIS J  
512 S LINCOLN AVE  
CLEARWATER, FL 33756 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 P  
Name SABO, FRANCIS J  
Address 512 S LINCOLN AVE  
City-State-Zip: CLEARWATER FL 33756

Title V  
Name WHITE, DOUGLAS  
Address 512 S LINCOLN AVE  
City-State-Zip: CLEARWATER FL 33756

Title AV  
Name MOESCH, MICHAEL A  
Address 512 S LINCOLN AVE  
City-State-Zip: CLEARWATER FL 33756

Title S  
Name MOESCH, ROBIN L  
Address 512 S LINCOLN  
City-State-Zip: CLEARWATER FL 33756

Title T  
Name SABO, CAMILLE M  
Address 512 S LINCOLN AVE  
City-State-Zip: CLEARWATER FL 33756

*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: CAMILLE SABO**

**TREASURER**

**02/28/2023**

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

\_\_\_\_\_  
Date