

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49665

Entity Name: AMERICAN VETERANS POST 1992, INC**Current Principal Place of Business:**AMVETS POST 1992
32201 AMVETS WAY
MT. DORA, FL 32757**Current Mailing Address:**P.O. BOX 492722
LEESBURG, FL 34749 US**FEI Number:** 59-3129495**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34779 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 COMMANDER
Name MAY, BILL
Address P.O. BOX 492722
City-State-Zip: LEESBURG FL 34749

Title 1VP
Name MESSINEO, RANDY
Address P.O. BOX 492722
City-State-Zip: LEESBURG FL 34749

Title 2VP
Name KENNEDY, JOAN
Address P.O. BOX 492722
City-State-Zip: LEESBURG FL 34749

Title JA
Name DOYLE, DAN
Address P.O. BOX 492722
City-State-Zip: LEESBURG FL 34749

Title T
Name LUKE, ED
Address 32201 AMVETS WAY
City-State-Zip: MT. DORA FL 32757

Title CFO
Name LUKE III, ED
Address 32201 AMVETS WAY
City-State-Zip: MT. DORA FL 32757

Title CHAPLAIN
Name BOYKIN, DAVE
Address P.O. BOX 492722
City-State-Zip: LEESBURG FL 34749

Title PROVOST MARSHALL
Name BOMAR, ROY
Address P.O. BOX 492722
City-State-Zip: LEESBURG FL 34749

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: BILL MAY

COMMANDER

02/06/2017

Electronic Signature of Signing Officer/Director Detail

Date