

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90036 045 ****61.25

DOCUMENT # 757971

1. Entity Name

NORTH FORT MYERS AMVETS POST #81, INC.



Principal Place of Business

**AMVETS POST 81
1910 N. TAMiami TRAIL
NORTH FORT MYERS FL 33903**

Mailing Address

**1910 N. TAMiami TRAIL
N. FT. MYERS FL 33903-2801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **AMVETS POST 81
1910 N. TAMiami TR.**

Suite, Apt. #, etc. **AMVETS POST 81
1910 N. TAMiami TR.
N. FT. MYERS, FL 33903**

City & State **N. FT. MYERS, FL 33903**

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2189598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELHAM, RICHARD
2511 GAIL HELEN CT
N. FT. MYERS FL 33917**

Name

BEN DAYTON SR
Street Address (P.O. Box Number is Not Acceptable)
1910 N. TAMiami TR.

City

N. FT. MYERS

FL

Zip Code

33903

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BEN DAYTON SR**
Signature, typed or printed name of registered agent and title if applicable.

Ben Dayton SR
(NOTE: Registered Agent signature required when reinstating)

4-13-04
DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☒ Delete
NAME **PELHAM, RICHARD**
STREET ADDRESS **2511 GAIL HELEN CT**
CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE **CDR** ☒ Change ☐ Addition
NAME **BEN DAYTON SR** **NEW**
STREET ADDRESS **1910 N. TAMiami TR.**
CITY-ST-ZIP **N. FT. MYERS, FL. 33903**

TITLE **D2V** ☒ Delete
NAME **O'KELLY, JACK**
STREET ADDRESS **1910 N. TAMiami TRAIL**
CITY-ST-ZIP **N. FT. MYERS FL 33903-2801**

TITLE **2ND VICE** ☒ Change ☐ Addition
NAME **JAMES SCOTFIELD** **NEW**
STREET ADDRESS **1309 SE 19TH TERR.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **DJA** ☒ Delete
NAME **GREENWELL, JOHNNIE V.**
STREET ADDRESS **1910 N. TAMiami TRAIL**
CITY-ST-ZIP **N. FT. MYERS FL 33903-2801**

TITLE **JA** ☒ Change ☐ Addition
NAME **CHARLES MORTON SR** **NEW**
STREET ADDRESS **312 ELAND DR.**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **DFO** ☐ Delete
NAME **LANG, JAMES**
STREET ADDRESS **7712 MARX DR**
CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE **← SAME** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BEN DAYTON SR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04
Date

239-995-1001
Daytime Phone #