

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90018 001 \*\*\*\*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

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

**50012150**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2189598**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAYTON, BEN SR.  
1910 N TAMiami TRL.  
NORTH FORT MYERS FL 33903**

Name

**James Scofield**

Street Address (P.O. Box Number is Not Acceptable)

**1910 N. Tamiami Tr.**

City

**North Fort 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

*James Scofield*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/05**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE **DCR** ☒ Delete  
NAME **DAYTON, BEN SR.**  
STREET ADDRESS **1910 N TAMiami TRL.**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **2V** ☐ Delete  
NAME **SCOFIELD, JAMES**  
STREET ADDRESS **1309 SE 19TH TERR.**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **JR** ☐ Delete  
NAME **MORTON, CHARLES SR.**  
STREET ADDRESS **312 ELAND DR.**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Cmdr** ☒ Change ☐ Addition  
NAME **James Scofield**  
STREET ADDRESS **1910 N. Tamiami Tr.**  
CITY-ST-ZIP **North Fort Myers, FL. 33903**

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

TITLE **JA** ☐ Change ☐ Addition  
NAME **Charles Morton Sr.**  
STREET ADDRESS **312 Eland Dr.**  
CITY-ST-ZIP **North Fort Myers, FL. 33917**

TITLE **FO** ☒ Change ☐ Addition  
NAME **L. Jack Waddell**  
STREET ADDRESS **1329 Sunrise dr.**  
CITY-ST-ZIP **North Fort Myers, FL. 33917**

TITLE ☐ Change ☐ Addition  
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: *L. Jack Waddell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/05**

**239-995-1001**

Daytime Phone #