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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90202 010 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768889**

1. Corporation Name

**AMVET POST 100 CHERRY BRANCH INC.**

Principal Place of Business  
**526 ORANGE AVENUE  
DAYTONA BEACH FL 32114**

Mailing Address  
**526 ORANGE AVENUE  
DAYTONA BEACH FL 32114**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/29/1983**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-1675253**

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBRITTON, WESLEY J  
604 HUDSON ST  
DAYTONA BEACH FL 32114**

81 Name

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

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **RUSS-BELL, YVONNE**  
STREET ADDRESS **411 MARYLAND TERRACE**  
CITY-ST-ZIP **DELAND FL**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **JAMES H. LAWTON**  
1.3 STREET ADDRESS **P.O. BOX 662**  
1.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **D** ☒ DELETE  
NAME **MITCHELL, WILLIE**  
STREET ADDRESS **819 ESSEX RD.**  
CITY-ST-ZIP **DAYTONA BCH, FL 00000**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **RONALD C. HALL**  
2.3 STREET ADDRESS **P.O. BOX 11182**  
2.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **TV** ☐ DELETE  
NAME **BADIE, CLARENCE**  
STREET ADDRESS **454 CAMERON STREET**  
CITY-ST-ZIP **DAYTONA BCH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ALBRITTON, WESLEY JR**  
STREET ADDRESS **604 HUDSON ST.**  
CITY-ST-ZIP **DAYTONA BCH, FL 00000**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ELLIS, KELSEY**  
STREET ADDRESS **744 GREENE AVE**  
CITY-ST-ZIP **DAYTONA BCH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FIELDS, WILLIE**  
STREET ADDRESS **633 HEINE AVE**  
CITY-ST-ZIP **DAYTONA BCH FL 32114**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wesley Albritton Jr* **WESLEY ALBRITTON, JR.** 4/21/99 (904) 252-2033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001858

CR2E037 (11/98)