DOCUMENT # F49522

FILED
Jun 09, 2000 8:00 am
Secretary of State
01-24-2000 90047 004 ***158.75

1. Entity Name

AMVETS POST #4[illegible]

Principal Place of Business	Mailing Address
1014 SKIPPER ROAD TAMPA FL 33613	1014 SKIPPER ROAD TAMPA FL 33613-2333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0251686 ☐ 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
WILLIAMS, KERMIT E. AMVETS POST 7 1014 SKIPPER RD TAMPA FL 33613	Name: LEO LaMARCH, FINANCE OFFICER Street Address (P.O. Box Number is Not Acceptable): [illegible] AMVETS POST #4 1014 SKIPPER ROAD City: TAMPA, FL. FL Zip Code: 33613

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.

SIGNATURE: LEO LaMARCH — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~C~~ ~~KENDRICKS, ARCHIE~~ 1014 SKIPPER RD TAMPA FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER DON CASEY 1014 SKIPPER RD TAMPA, FL. 33613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FO C LEO, LAMARSH 6832 ANGAS VALLEY DR. WESLEY CHAPES FL 33544 L	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCE OFFICER LEO LaMARCH	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODHAM, DANIEL 1014 SKIPPER RD TAMPA FL 33613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ART BEVIN 1ST VICE COMMANDER 1014 SKIPPER ROAD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAMPA, FL. 33613	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO LaMARCH — FINANCE OFFICER — 1-10-2000 — (813) 971-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #