

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008336**

1. Entity Name  
**AMERICAN VETERANS POST 921 INC.**



Principal Place of Business  
**PO BOX 142422  
GAINESVILLE, FL 32614-2422**

Mailing Address  
**PO BOX 142422  
GAINESVILLE, FL 32614-2422**



04142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3651509**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEWIS, EUGENE  
18811 SE. HAWTHORNE RD.  
HAWTHORNE, FL 32640**

**DO NOT WRITE  
IN THIS SPACE**

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 EUGENE LEWIS Eugene Lewis 4/15/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LEWIS, EUGENE  
18811 SE HAWTHORNE RD.  
HAWTHORNE, FL 32640**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KERN, MARK J  
17503 SE 49TH PL.  
HAWTHORNE, FL 32640**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JENNEY, LARRY  
4824 N.W. 27TH PL.  
GAINESVILLE, FL 32606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000155551  
05/05/04-80042-011 70.00

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IN THIS SPACE**

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: EUGENE LEWIS Eugene Lewis April 15, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #