

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90107 040 ****61.25

DOCUMENT # N03000002945



1. Entity Name
AMVETS POST 20 OF PERRY, INC.

Principal Place of Business
**2499 WOODS CREEK ROAD
PERRY, FL 32348**

Mailing Address
**POST OFFICE BOX 1974
PERRY, FL 32348**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
TAYLOR

Zip

Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
41-2073058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~FOSTER, BRUCE R
123 E NANCY ST
PERRY, FL 32347~~

7. Name and Address of New Registered Agent

Name **ROBERT E. MORRISON**

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

332 SW 846 ST

City **STEIN HATTEL**

FL

Zip Code **32359**

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 **ROBERT E. MORRISON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert E. Morrison 1-17-06

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **D** ☐ Delete
NAME **FRANKLIN, DODD**
STREET ADDRESS **3548 WOODS CREEK ROAD**
CITY-ST-ZIP **PERRY, FL 32348**

TITLE **D** ☐ Delete
NAME **HATTON, JOHN R**
STREET ADDRESS **3507 FOLEY CUT-OFF ROAD**
CITY-ST-ZIP **PERRY, FL 32348**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained in Chapter 119, 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

Dodd Franklin

1/18/06

ATTACHMENT

40004511
#N03000002945

check was made out
to Anvets Dept of FI
by mistake.

We changed + both
initialed.

If there is a problem
we will write another
check but at the time
we only had the one check

sorry