

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90011 045 ****70.00

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

4000



DO NOT WRITE IN THIS SPACE

02022008 No Chg-NP CR2E037 (4/06)

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

RAULERSON, HOLLIS
16628 E. ROYAL OAK DR.
2ND VICE COMMANDER/DIRECTOR
KEATON, FL 32348

Franklin, Dale
215 Cypress Rd
Commander
Perry, FL
32348

**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 *Dale K. Franklin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-07-08

**Filing Fee is \$61.25
Due by May 1, 2008**

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
FRANKLIN, DODD
3548 WOODS CREEK ROAD
PERRY, FL 32348

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OD
PAGIE, DANIEL
3592 WHIPPOORWILL WAY
PERRY, FL 32348

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Dale K. Franklin* *DODD FRANKLIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08

Date

850 584 5958

Daytime Phone #