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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05123** **(7)**

1. Corporation Name

**AMVETS, POST NO. 30 INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 315 FERGUSON STREET<br>ORLANDO FL 32805 | 315 FERGUSON STREET<br>ORLANDO FL 32805-1007 |

3. Date Incorporated or Qualified: **09/13/1984**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **23-7054355** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GEER, CLEVE**
**2215 PIEDMONT AVENUE**
**ORLANDO FL 32805**

10. Name and Address of New Registered Agent

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: Cleve Geer, Commander — 3/27/97
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 | P | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GEER, CLEVE | | 1.2 NAME | |
| STREET ADDRESS | 2215 PIEDMONT AVENUE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32805 | | 1.4 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | STROZIER, WILLIS M | | 2.2 NAME | |
| STREET ADDRESS | 272 COTTAGE HILL RD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, JAMES H. | | 3.2 NAME | |
| STREET ADDRESS | 1826 MULBERRYWOOD COURT | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | NELSON, ALBERT | | 4.2 NAME | |
| STREET ADDRESS | 850 CHARLOTTE STREET | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | PINER, JOHN P | | 5.2 NAME | |
| STREET ADDRESS | 1214 WEST JEFFERSON ST | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 5.4 CITY-ST-ZIP | |
| TITLE | D | XX DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | CRAWFORD, ALBERT | | 6.2 NAME | |
| STREET ADDRESS | 7731 CLEMENTINE WAY (Deceased) | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

14. I do 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.

**SIGNATURE:** (REQUIRED) **Cleve Geer** **3/27/97** **(407)294-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016615