

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N10869** (8)
1. Corporation Name
AMVETS POST #5, INC.



Principal Place of Business Mailing Address
- 400 49TH ST. S - - 400 49TH ST. S -
- ST. PETERSBURG FL 33707-1900 - - ST. PETERSBURG FL 33707-1900 -
P.O. BOX 13573 N/A P.O. BOX 13573 N/A
ST. PETERSBURG, FL 33733 ST. PETERSBURG, FL 33733

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 same as above		26		08/27/1985		01/27/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2864559		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

- SCOTT, MARY H. DONALD A. WARD
- 6800 PARK ST. S. 4470-43 STREET N.
- APT. 810 - ST. PETERSBURG, FL 33714
- SOUTH PASADENA FL 33707-

10. Name and Address of New Registered Agent

81 Name DONALD A. WARD
82 Street Address (P.O. Box Number is Not Acceptable) 4470-43 STREET N.
83
84 City ST. PETERSBURG FL 85 Zip Code 33714

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 *Donald A. Ward* DONALD A. WARD COMMANDER 2/13/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, MARY H.	1.2 NAME	DONALD A. WARD
STREET ADDRESS	6800 PARK ST. S. #810	1.3 STREET ADDRESS	4470-43 STREET N
CITY-ST-ZIP	SOUTH PASADENA FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURMAN, DONALD	2.2 NAME	KENNETH MCBETH
STREET ADDRESS	4029-12 AVE. N.	2.3 STREET ADDRESS	2508-56 STREET S
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, ROBERT M. S	3.2 NAME	
STREET ADDRESS	P.O. BOX 13573 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIGLEY, JULIAN	4.2 NAME	
STREET ADDRESS	5205-15 AVE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENNA, WILLIAM	5.2 NAME	
STREET ADDRESS	2650-48 ST. S - Deceased	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, TED	6.2 NAME	
STREET ADDRESS	666-49 ST. S	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donald A. Ward* DONALD A. WARD CMMDR. 2/13/96 525-9897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)