

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N11108 (0)
 1. Corporation Name
AMVETS POST 15 OF FLORIDA, INC.



Principal Place of Business: **AMVETS POST 15, 2024 SOUTH US 1, FT. PIERCE FL 34950 US**
 Mailing Address: **2024 S US 1, P O BOX 3746, FT PIERCE FL 34948**

3. Date Incorporated or Qualified: **09/17/1985** 3a. Date of Last Report: **03/15/1995**
 4. FEI Number: **59-2502517** 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

2. Principal Place of Business: **21 AMVETS POST 15, Suite, Apt. #, etc. 2024 South US 1, City & State Ft. Pierce, Florida, Zip 34948, Country St Lucie**
 2a. Mailing Address: **26 AMVETS POST 15, Suite, Apt. #, etc. 2024 South US 1, City & State Ft. Pierce, Florida, Zip 34948, Country St Lucie**

9. Name and Address of Current Registered Agent
**SALERNO, GENE
 298 NW BILTMORE
 FT. ST. LUCIE FL 34981**

10. Name and Address of New Registered Agent
 81 Name: **CHARLES CAREW**
 82 Street Address (P.O. Box Number is Not Acceptable): **5206 Amy Lane**
 84 City: **Fort Pierce** 85 Zip Code: **FL 34950**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	XXXXXXXXX T	<input type="checkbox"/> DELETE
NAME	SALERNO, GENE	
STREET ADDRESS	298 N.W. BILTMORE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORN, ARNOLD	
STREET ADDRESS	7004 ROBERTS RD.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HACKER, MARTIN	
STREET ADDRESS	118 GARDEN AVE.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAREW, CHARELES	
STREET ADDRESS	5206 AMY LANE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROW, PHILIP	
STREET ADDRESS	1402 NEBRASKA AVE., APT. 13C	
CITY-ST-ZIP	FT. PIERCE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLAKSA, JOHN	
STREET ADDRESS	607 W SOUTH MARKET AVA	
CITY-ST-ZIP	FT. PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael C McKeon II	
1.3 STREET ADDRESS	1003 Mississippi Ave.	
1.4 CITY-ST-ZIP	Ft. Pierce, Florida 34950	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Levay	
2.3 STREET ADDRESS	PO Box 3479	
2.4 CITY-ST-ZIP	Ft Pierce, Fl. 34948	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ DATE: **6-7-96** DAYTIME PHONE #: **464-2751**

CR2E037 (3/96)