

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90406 040 \*\*\*\*80.00

**DOCUMENT # N11108**  
 1. Entity Name  
**AMVETS POST 15 OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**AMVETS POST 15**                      **2024 SOUTH US 1**  
**2024 SOUTH US 1**                      **FT. PIERCE, FL 34950 US**  
**FT. PIERCE, FL 34950 US**

**14013805**



04292005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2502517**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCKEON, MICHAEL**  
**1003 MISSISSIPPI AVENUE**  
**FORT PIERCE, FL 34950**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	P MCKEON, MICHAEL 1003 MISSISSIPPI AVENUE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVC O'BRIEN, WILLIAM P 351 SE TRANQUILA AVENUE PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC FLASKA, JOHN 10 CAMINO DEL RIO PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO MEHER, JEAN 521-C CROOKED LAKE LANE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I 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 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: *Michael C. McKeon*      **Michael C. McKeon**      05-30-05 (772)-462-7787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #