

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90110 042 \*\*\*\*70.00

**DOCUMENT # N11108**

1. Entity 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 SOUTH US 1**  
**FT. PIERCE, FL 34950 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-2502517**

Applied For  
 Not Applicable

Zip Country Zip Country

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**

7. Name and Address of New Registered Agent  
 Name **Eugene J. Salerno**  
 Street Address (P.O. Box Number is Not Acceptable)  
**298 NW Biltmore ST**  
 City **Port St Lucie** **FL** Zip Code **34983**

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 **Eugene J. Salerno** *Eugene J. Salerno* **Jan 18, 2006**  
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, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>William J. Levay</b> <b>102 GARDEN AVE</b> <b>FT. Pierce 7134982</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVC</b> <b>MARVIN SAMMONS</b> <b>199 RIVER PALM DRIVE</b> <b>FT PIERCE FL 34946</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FO</b> <b>Eugene J. Salerno</b> <b>298 N.W. Biltmore St</b> <b>PORT. ST LUCIE 7134983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Eugene J. Salerno** *Eugene J. Salerno* **Jan 18-06** **772 464-7751**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #