


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90106 017 \*\*\*\*80.00

<b>DOCUMENT # N11108</b> 1. Entity Name AMVETS POST 15 OF FLORIDA, INC.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60023010



03082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2502517	Applied For Not Applicable
5. Certificate of Status Desired  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
SALERNO, EUGENE J 298 NW BILTMORE ST PORT SAINT LUCIE, FL 34983	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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*  
Signature, typed or printed name of registered agent and title if applicable.

March 8-2007  
DATE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVAY, WILLIAM J 102 GARDEN AVE FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMMONS, MARVIN 199 RIVER PALM DR. FORT PIERCE, FL 34916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVC SAMMONS, MARVIN 199 RIVER PALM DR FORT PIERCE, FL 34946 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVC MICHAEL MCROON 123 7th STREET FORT PIERCE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC FLASKA, JOHN 10 CAMINO DEL RIO PORT ST. LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVAY, WILLIAM J 102 GARDEN AVE FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO SALERNO, EUGENE T 298 NW 131 BILTMORE ST PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO SALERNO, EUGENE T 298 NW 131 BILTMORE ST PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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*  
Signature and typed or printed name of signing officer or director

March 7-2007 772-464 7751  
Date Daytime Phone #