


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE

01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2502517	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

**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 Eugene J Salerno DATE 4-7-08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000384187 04/17/08-80033-025 70.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVAY, WILLIAM J 102 GARDEN AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMMONS, MARVIN 199 RIVER PALM DR FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCROON, MICHEAL 123 7TH STREET FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO SALERNO, EUGENE T 298 NW 131 BILTMORE ST PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 DATE 4-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR