

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11108

**FILED**  
**Jul 14, 2011**  
**Secretary of State**

**Entity Name:** AMVETS POST 15 OF FLORIDA, INC.

**Current Principal Place of Business:**

AMVETS POST 15  
2024 SOUTH US 1  
FT. PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

AMVETS POST 15  
2024 SOUTH US 1  
FT. PIERCE, FL 34950 US

**New Mailing Address:**

**FEI Number:** 59-2502517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SALERNO, EUGENE J  
298 NW BILTMORE ST  
PORT SAINT LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: ADAMS, GARY  
Address: 2023 ST LUCIE LOT 282  
City-St-Zip: FORT PIERCE, FL 34950

Title: P  
Name: ADAMS, JAMES  
Address: 5195 MARGARET ANN LANE  
City-St-Zip: FORT PIERCE, FL 34946

Title: CM  
Name: OWENS, JAMES  
Address: 2024 S US1  
City-St-Zip: FORT PIERCE, FL 34950

Title: FO  
Name: SALERNO, EUGENE J  
Address: 298 NW 131 BILTMORE ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE J SALERNO

FO

07/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date