

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90204 048 *****80.00

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



Principal Place of Business: **AMERICAN VETERANS POST 15**
2024 S. U.S. 1
FT. PIERCE, FL. 34950

Mailing Address:
PO BOX 3746
FT. PIERCE FL 34948
US

2. Principal Place of Business: **2024 S US 1**
Suite, Apt. #, etc.

3. Mailing Address: **PO BOX 3746**
Suite, Apt. #, etc.

City & State: **FT. PIERCE, FL.**

City & State: **FT. PIERCE, FL.**

Zip: **34950** Country: **ST. LUCIE**

Zip: **34948** Country: **ST. LUCIE**

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
LEVAY, WILLIAM J
102 GARDEN AVENUE
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent
Name: **ROTH, PAUL**
Street Address (P.O. Box Number is Not Acceptable): **1008 B 50 17th STREET**
City: **FORT PIERCE** FL Zip Code: **34950**

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: *PAUL ROTH* **COMMANDER** / *Michael C. McKeon* **FVC** *04/12/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	LEVAY, WILLIAM J	
STREET ADDRESS	102 GARDEN AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	FVC	<input checked="" type="checkbox"/> Delete
NAME	ROTH, PAUL	
STREET ADDRESS	1008 B 50 17TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	2VC	<input checked="" type="checkbox"/> Delete
NAME	KRUHNE, RICK	
STREET ADDRESS	252 NIGHTINGALE AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	MD	<input type="checkbox"/> Delete
NAME	OWENS, RON	
STREET ADDRESS	1609 LINWOOD AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COURTNEY, LINDA	
STREET ADDRESS	131 SE LUCERO DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PICARD, EARNIE	
STREET ADDRESS	312 MURA DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, PAUL	
STREET ADDRESS	1008 B 50 17th St	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	FVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL MCKEON	
STREET ADDRESS	1003 MISSISSIPPI AVE	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	2VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN FLAKSA	
STREET ADDRESS	POBOX 1206	
CITY-ST-ZIP	FORT PIERCE, FL 34954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE: *Michael C. McKeon* **Michael C. McKeon** *04/12/03* **04/12/03** *464-7751*

CR2E037 (10/02)