

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15908

FILED  
Feb 13, 2004  
Secretary of State

Entity Name: AMVETS POST #6 OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

1866 78TH CT  
VERO BEACH, FL 32966

**New Principal Place of Business:**

1936 78TH CT  
VERO BEACH, FL 32966

**Current Mailing Address:**

PO BOX 690212  
VERO BEACH, FL 329690212

**New Mailing Address:**

FEI Number: 59-2636212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PURDY, GARY D.  
7775 20TH STREET  
VERO BEACH, FL 32966      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: PD      ( ) Delete  
Name: MCCANN, VINCENT  
Address: 1936 78TH COURT  
City-St-Zip: VERO BEACH, FL 32966

Title: DVT      ( ) Delete  
Name: PURDY, GARY  
Address: 7775 20TH STREET  
City-St-Zip: VERO BEACH, FL

Title: D      ( ) Delete  
Name: NORTH, WALTER  
Address: 300 ST LUCIE LN  
City-St-Zip: ST LUCIE VILLAGE, FL 34946

Title: D      ( ) Delete  
Name: MCCANN, JAMES D  
Address: 1936 78TH COURT  
City-St-Zip: VERO BEACH, FL 32966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVT      (X) Change ( ) Addition  
Name: PURDY, GARY D  
Address: 7775 20TH STREET  
City-St-Zip: VERO BEACH, FL

Title: D      (X) Change ( ) Addition  
Name: PURDY, GARY K  
Address: 7124 OTTER CREEK DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GARY D. PURDY

DVT

02/13/2004

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

\_\_\_\_\_  
Date