

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15908

FILED
Jan 18, 2005
Secretary of State

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

Current Principal Place of Business:

1936 78TH CT
VERO BEACH, FL 32966

New Principal Place of Business:

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 (X)

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 D
Address: 7775 20TH STREET
City-St-Zip: VERO BEACH, FL

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

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

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

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: VINCENT MCCANN

PD

01/18/2005

Electronic Signature of Signing Officer or Director

Date