

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30623 (5)

1. Corporation Name
COCOA AMVETS, POST 27, INC.



Principal Place of Business: 530 LUCAS PLACE, MERITT ISLAND FL 32953
Mailing Address: 530 LUCAS PLACE, MERITT ISLAND FL 32953

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 07/05/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
29

9. Name and Address of Current Registered Agent
WILLIAMS, EDWARD G.
1815 CARLTON STREET
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, EDWARD G. | 1.2 NAME | |
| STREET ADDRESS | 1815 CARLTON STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORD, MATHEW | 2.2 NAME | |
| STREET ADDRESS | 709 HUGHLETT AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WYNS, WILLIS | 3.2 NAME | |
| STREET ADDRESS | 803 SOUTH CAROLINA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCOA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAND, ALBERT H. JR., | 4.2 NAME | |
| STREET ADDRESS | 1125 WOODSMERE PARKWAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYNES, FREDRICK F. , | 5.2 NAME | |
| STREET ADDRESS | 355 SCHOOLHOUSE LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACOB, FRANCIS | 6.2 NAME | |
| STREET ADDRESS | 212 LINCOLN AVE., APT. #7 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward G. Williams* EDWARD G. WILLIAMS 4/26/96 407 452 9125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)