

FILE NOW: FILING FEE IS \$61.25

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Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30623

1. Corporation Name  
COCOA AMVETS POST 27, INC.

Principal Place of Business Mailing Address SAME

530 LUCAS PLACE  
MERRITT ISLAND FL 32953

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 10 FEB 96	3a. Date of Last Report 1 MAY 96
4. FEI Number 59 296 2530	Applied for Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EDWARD G WILLIAMS  
530 LUCAS PLACE  
MERRITT ISLAND, FL 32953

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Edward G Williams  
Signature, typed or printed name of registered agent and title if applicable

12 MAY 1997  
DATE

12. OFFICERS AND DIRECTORS	
TITLE D	WILLIAMS EDWARD G <input type="checkbox"/> DELETE
NAME	1815 CARLTON STREET
STREET ADDRESS	MERRITT ISLAND FL 32953
CITY-ST-ZIP	No Change
TITLE D	FORD MATHEW <input type="checkbox"/> DELETE
NAME	709 HUGHLETT AVENUE
STREET ADDRESS	COCOA FLORIDA 32922
CITY-ST-ZIP	No Change
TITLE D	WYNS WILLIS <input type="checkbox"/> DELETE
NAME	803 SOUTH CAROLINA AVENUE
STREET ADDRESS	COCOA FLORIDA 32922
CITY-ST-ZIP	No Change
TITLE D	BLAND ALBERT H. JR. <input type="checkbox"/> DELETE
NAME	1125 WOODS MORGAN PARKWAY
STREET ADDRESS	ROCKLEDGE FLORIDA 32955
CITY-ST-ZIP	No Change
TITLE D	HAYNES FREDRICK F <input type="checkbox"/> DELETE
NAME	530 LUCAS PLACE
STREET ADDRESS	MERRITT ISLAND, FL 32953
CITY-ST-ZIP	No Change
TITLE D	JACOB FRANCIS <input type="checkbox"/> DELETE
NAME	212 LINCOLN AVE APT #7
STREET ADDRESS	CAPE CANAVERAL, FL 32920
CITY-ST-ZIP	No Change

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	OSBORNE ROY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	214 ORANGE STREET
1.3 STREET ADDRESS	COCOA FLORIDA 32922
1.4 CITY-ST-ZIP	
2.1 TITLE D	DIXON ELMER "LED" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PO BOX 3928 (NA)
2.3 STREET ADDRESS	COCOA FLORIDA 32924
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 12 MAY 96 407 452 9125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)