## FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # NI30623

1. Corporation	OA AMVETS F	POST 27, INC.					
Principal Plac	ce of Business	Mailing Address S4	4116				
53	30 Lucas Pl	ACE					
1	WERRITT ISL	ANDFL 32°	753	3. Date Incorporated or Qua		Date of Last Ro	
2. Principal F	Place of Business	2a. Mailing Address	^	4. FEI Number			olied For
21	<u> SANIE</u>	26 SAM	2	59 296 253	<b>D</b>		Applicable
Suite, Apt 22		Suite, Apt. #. etc.		5. Cert-ficate of Status Desir	red 154	\$8.75 A	I
City & Sta	te	City & State		6. Election Campaign Finan		\$5.00	, ,
23 Zip	Country	[28]   Zip	Country	Trust Fund Contribution	Chu Can Internalibl	Added to	
24	25	<b>├</b> ── `	30	This corporation has liabilified Statutes	Yes		199.032,
····	9. Name and Address of Curren	<del></del>		10. Name and Address of N	lew Registered	Agent	
To	WARD G WHLI	A44 <	81 Name				[
EDI	NAKO G NAKO	AME	82 Street A	Address (P.O. Box Number is Not Ad	ceptable)		
530	O LUCAS PLA	TI 21953	83				
ME	PRITT ISLAND	S, PL SOLIS					
			84 City		FI	85 Zip C	ode
Pursuant	to the provisions of Sections 617.050	2 and 617 1508. Florida Statute	s, the above named o	corporation submits this statement for	or the purpose of	of changing its	registered
agent I a	registered agent, or both, in the State am facular with, and accept the obliga	of Fronda, Such change was at	utnonzea by the corpo	Gration's board of directors, I hereby	/ accept the ap	po:niment as ri	egistered (
	יייין פונייין אין אין אין אין אין אין אין אין אין	ations of Section 617.0503, Flor	rida Statutes.		,		
, SIGNATURE	redward Lo	Ollians		12 M			
, SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOTE	Registered Agent signature r	required when renstating)	ay /	997	
SIGNATURE	Fedurated 45 U Signature, typed or printed name of registered agen OFFICERS AND	ont and title if applicable (NOTE: D DIRECTORS		required when reinstating)  ADDITIONS/CHANGES TO	OFFICERS AN	997 ID DIRECTORS	3 IN 12 9
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AND	D LLL BULL INOTE D DIRECTORS  D DELETE	Registered Agent signature r	required when rendating)  ADDITIONS/CHANGES TO OSBORNE FOR	DATE DATE	997  D DIRECTORS  Change	
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AND	D LLL BULL INOTE D DIRECTORS  D DELETE	13. 11 HILE D 12 NAME	ADDITIONS/CHANGES TO OSBORNE RO	OFFICERS AN	997 DIRECTORS Change	3 IN 12 9
. SIGNATURE  12.  TITLE D  NAME  STREET ADDRESS  CITY-SI-ZIP	Signature, typed of prelied name of registered ages OFFICERS AND WILLIAMS EDWARD 1815 CARLITUM WILLIAMS EDWARD TO CARLITUM NO CHARGE	Ullians Indicite if applicable INOTE D DIRECTORS  RD G DELETE  STREET LSLAWD FL  3245	Registered Agent signature i  13.  11 TITLE D  12 NAME  1.3 STREET ADORESS  1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO ADDITIONS/CHANGES TO OSBORNE RO 214 ORANGE S COCOA FLORICE	DEFICERS AND TREET	997 D DIRECTORS Change	Addition
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SIGNATURE  12.  TITLE P  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE P  NAME	Signature, typed of prelied name of legislored ages OFFICERS AND WILLIAMS EDWAR 1815 CARLTUM MORRITT MORRITT FORD MATHEM 700 HUGHLETT	Ullians Interdicte if applicable INOTE D DIRECTORS  RD G DELETE STREET TOLLAND FL 3245	Registered Agent signature i  13.  11 Title D  12 NAME  13 STREET ADORESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.7 NAME	PO BOX 3926	OFFICERS AND TREET	997  D DIRECTORS  Change  Change	Addition
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I am an officer or director of the corporation or the jeceivor or fustee empowered to execute this report as required by Chapter 617, Florida Statules; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**FILED** 

Jun 24 1997 8:00am

Secretary of State