

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90153 043 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30623

1. Corporation Name

COCOA AMVETS, POST 27, INC.

Principal Place of Business
**530 LUCAS PLACE
MERRITT ISLAND FL 32953**

Mailing Address
**530 LUCAS PLACE
MERRITT ISLAND FL 32953**

431612 - 90153 - 43



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/10/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2962530

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, EDWARD G.
530 LUCAS PLACE
MERRITT ISLAND FL 32953**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WILLIAMS, EDWARD G.**
STREET ADDRESS **1815 CARLTON STREET**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **FORD, MATHEW**
STREET ADDRESS **709 HUGHLETT AVENUE**
CITY-ST-ZIP **COCOA FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V/D OSBORNE ROY**
2.3 STREET ADDRESS **205 LIME STREET**
2.4 CITY-ST-ZIP **COCOA, FLORIDA 32926**

TITLE **D** ☒ DELETE
NAME **WYNS, WILLIS**
STREET ADDRESS **803 SOUTH CAROLINA**
CITY-ST-ZIP **COCOA FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **JA DIXON ELMER LEO**
3.3 STREET ADDRESS **800 N. FISKE BLVD. APT 201**
3.4 CITY-ST-ZIP **COCOA, FLORIDA 32922**

TITLE **D** ☐ DELETE
NAME **BLAND, ALBERT H. JR.,**
STREET ADDRESS **1125 WOODSMERE PARKWAY**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HAYNES, FREDRICK F.,**
STREET ADDRESS **355 SCHOOLHOUSE LANE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JACOB, FRANCIS**
STREET ADDRESS **212 LINCOLN AVE., APT. #7**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

Edward G. Williams

Date

10 April 1999

Daytime Phone #

407 452-9125

CR2E037 (11/98)