


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N30623	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2962530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, EDWARD G. 530 LUCAS PLACE MERITT ISLAND FL 32953	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edward G. Williams **EDWARD G WILLIAMS** 29 MARCH 2005
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, EDWARD G.		STREET ADDRESS 1815 CARLTON STREET	
CITY-ST-ZIP MERRITT ISLAND FL 32952		CITY-ST-ZIP 04/11/05-80098-020 70.00	
TITLE VC	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDERS, WILLIE L		STREET ADDRESS 1142 MANATEE DR	
CITY-ST-ZIP ROCKLEDGE FL 32955		CITY-ST-ZIP	
TITLE JA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, ELMER LEO		STREET ADDRESS 1212 MYRTLE LANE	
CITY-ST-ZIP COCOA FL 32922		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAND, ALBERT H. JR.,		STREET ADDRESS 1125 WOODSMERE PARKWAY	
CITY-ST-ZIP ROCKLEDGE FL 32955		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYNES, FREDRICK F.,		STREET ADDRESS 1412 LAKEMOUNT DRIVE	
CITY-ST-ZIP COCOA FL 32922		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BETHUNE, DAWSON		STREET ADDRESS 1017 MARLIN DRIVE	
CITY-ST-ZIP ROCKLEDGE FL 32955		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward G. Williams **EDWARD G WILLIAMS** 3/29/05 321 452 9125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #