

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 # **N42968 (0)**

1. Corporation Name
AMVETS DADE-BROWARD MEMORIAL POST 11, INC.



Principal Place of Business: 14727 WEST DIXIE HIGHWAY NORTH MIAMI FL 33181
Mailing Address: 14727 WEST DIXIE HIGHWAY NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: **04/15/1991**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26 **15299 NE 12TH AVENUE**
Suite, Apt. #, etc.: 22 **NO. MIAMI BEACH**
City & State: 27 **FLORIDA**
Zip: 28 **33162** Country: 30 **USA**

4. FEI Number: **NOT APPLICABLE**
Applied For: 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

9. Name and Address of Current Registered Agent
CAPUTO, DANIEL J
15299 NE 12TH AVE
N MIAMI BEACH FL 33162

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

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 | CAPUTO, DANIEL J. | 1.2 NAME | |
| STREET ADDRESS | 15299 N.E. 12TH AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | A <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHIPMAN, NOLAN P | 2.2 NAME | |
| STREET ADDRESS | PO BOX 016155 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | SO <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MENIN, STANLEY S | 3.2 NAME | |
| STREET ADDRESS | 1301 NE 191ST ST #417 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHULTZ, JAMES M | 4.2 NAME | |
| STREET ADDRESS | 6736 PANSY DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, ROBERT L | 5.2 NAME | |
| STREET ADDRESS | 1925 NE 124TH ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENNIS, EDWIN | 6.2 NAME | |
| STREET ADDRESS | 1454 WEST 72ND STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 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: Daniel J. Caputo Daniel J. Caputo 01-19-96 1-305-947-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)