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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **N42968**
1. Corporation Name

AMVETS DADE-BROWARD MEMORIAL POST 11, INC.

Principal Place of Business Mailing Address
15299 NE 12th Avenue
North Miami Beach, FL 33162-5844 (SAME)

3. Date Incorporated or Qualified **04-15-1991** 3a. Date of Last Report **01-19-96**
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

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

9. Name and Address of Current Registered Agent
CAPUTO, DANIEL J.
15299 NE 12TH AVENUE
NORTH MIAMI BEACH, FL 33162-5844
PH: 305-947-2339 - FAX-305-949-5992

10. Name and Address of New Registered Agent
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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Caputo, Daniel J.	
STREET ADDRESS	15299 NE 12th Avenue	
CITY-ST-ZIP	North Miami Beach, FL 33162-5844	
TITLE	A	<input type="checkbox"/> DELETE
NAME	Chipman, Nolan P.	
STREET ADDRESS	PO Box 016155	
CITY-ST-ZIP	Miami, FL 33101	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	Henin, Stanley S.	
STREET ADDRESS	1301 NE 191st St. # 417	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Shultz, James M.	
STREET ADDRESS	6736 Pansy Drive	
CITY-ST-ZIP	Miramar, FL 33023	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Smith, Robert L.	
STREET ADDRESS	1925 NE 124th Street	
CITY-ST-ZIP	North Miami, FL 33181	
TITLE	C	<input type="checkbox"/> DELETE
NAME	Dennis, Edwin	
STREET ADDRESS	1454 West 72nd Street	
CITY-ST-ZIP	Hialeah, FL 33014	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Crane, William S.
3.3 STREET ADDRESS	17221 NW 48th Avenue
3.4 CITY-ST-ZIP	Opa-Locka, FL 33055
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	

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A. Alan
3/28/97

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: *Daniel J. Caputo* 03-01-97 305-947-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Daniel J. Caputo

CR2E037 (9/96)