

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90059 007 ****70.00

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1. Entity Name

AMVETS DADE-BROWARD MEMORIAL POST 11, INC.



Principal Place of Business

15299 NE 12TH AVE.
NORTH MIAMI BEACH FL 33162-5844

Mailing Address

15299 NE 12TH AVE.
NORTH MIAMI BEACH FL 33162-5844

44003634



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPUTO, DANIEL J
15299 NE 12TH AVE
N MIAMI BEACH FL 33162-5844

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Daniel J. Caputo

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, 2004

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPUTO, DANIEL J.	
STREET ADDRESS	15299 N.E. 12TH AVENUE	
CITY-ST-ZIP	N. 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 type="checkbox"/> Delete
NAME	MENIN, STANLEY S	
STREET ADDRESS	1301 NE 191ST ST #417	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME	SANTIGO, FRANK	
STREET ADDRESS	6736 PANSY DR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT L	
STREET ADDRESS	1925 NE 124TH ST	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #