

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90002 028 ****61.25



DOCUMENT # N42968
 1. Entity Name
AMVETS DADE-BROWARD MEMORIAL POST 11, INC.

Principal Place of Business Mailing Address
 15299 NE 12TH AVE. 15299 NE 12TH AVE.
 NORTH MIAMI BEACH FL 33162-5844 NORTH MIAMI BEACH FL 33162-5844



2. Principal Place of Business 3. Mailing Address
1640 NE 137th Terr. **1640 NE 137th Terr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
North Miami, FL. **North Miami, FL.**
 Zip Country Zip Country
33181-1310 **US** **33181-1310** **US**

4. FEI Number Applied For
NO-T APPLICABLE 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: **FRANK SANTIAGO**
 Street Address (P.O. Box Number is Not Acceptable): **1640 N E 137th Terrace**
 City: **North Miami** State: **FL** Zip Code: **33181-1310**

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: *Frank Santiago* DATE: *June 13, 2006*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE: IS \$61.25
Due By May 1, 2006

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 NAME: CAPUTO, DANIEL J. STREET ADDRESS: 15299 N.E. 12TH AVENUE CITY-ST-ZIP: N. MIAMI BEACH FL 33162-5844	<input checked="" type="checkbox"/> Delete
TITLE: A NAME: CHIPMAN, NOLAN P STREET ADDRESS: PO BOX 016155 CITY-ST-ZIP: MIAMI FL 33101	<input checked="" type="checkbox"/> Delete
TITLE: SO NAME: MENIN, STANLEY S STREET ADDRESS: 1301 NE 191ST ST #417 CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: SANTIAGO, FRANK STREET ADDRESS: 6736 PANSY DR CITY-ST-ZIP: MIRAMAR FL 33023	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: SMITH, ROBERT L STREET ADDRESS: 1925 NE 124TH ST CITY-ST-ZIP: NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE: C NAME: DENNIS, EDWIN STREET ADDRESS: 1454 WEST 72ND STREET CITY-ST-ZIP: HIALEAH FL 33014	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SANTIAGO, FRANK STREET ADDRESS: 1640 NE 137th Terr. CITY-ST-ZIP: NORTH MIAMI, FL. 33181-1310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: A NAME: SILVERMAN, Abe STREET ADDRESS: 18151 NE 31st COURT #1207 CITY-ST-ZIP: AVENTURA, FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SO NAME: ROUZIER, BERNARD STREET ADDRESS: 15200 NE 12th Ave CITY-ST-ZIP: NORTH MIAMI BEACH, FL. 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: CRUZ, MARIANO STREET ADDRESS: 1227 NW 26th St. CITY-ST-ZIP: MIAMI, FL. 33142-7639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: GAILOR, Frederick STREET ADDRESS: 15300 NE 12th Ave. CITY-ST-ZIP: North Miami Beach, FL. 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: DALEY, William E. STREET ADDRESS: P.O. Box 381391 CITY-ST-ZIP: MIAMI, FL. 33238-1391	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Frank Santiago* DATE: *6/13/2006* *305 895-1640*