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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43921** (8)

1. Corporation Name

AMVETS POST #500, INC.

Principal Place of Business

**179 LEE STREET
DAYTONA BEACH FL 32117
US**

Mailing Address

**179 LEE STREET
DAYTONA BEACH FL 32117
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SNELL, WALTER J
436 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118-4073**

3. Date Incorporated or Qualified

06/18/1991

4. FEI Number

59-2932168

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCMD** ☐ DELETE

NAME **SCHNEE, ROY J**
STREET ADDRESS **179 LEE STREET**
CITY - ST - ZIP **DAYTONA BEACH FL 32117**

TITLE **VPTD** ☐ DELETE

NAME **DITTAMO, FEDELE**
STREET ADDRESS **104 RICHARDS LANE**
CITY - ST - ZIP **DAYTONA BEACH FL 32118**

TITLE **TD** ☐ DELETE

NAME **PETROCK, FRANK**
STREET ADDRESS **602 WESTWARD CIRCLE**
CITY - ST - ZIP **HOLLY HILL FL 32117**

TITLE **TD** ☐ DELETE

NAME **PERILLO, JAMES JR.**
STREET ADDRESS **951 BERKSHIRE ROAD**
CITY - ST - ZIP **DAYTONA BEACH FL 32117**

TITLE **VC** ☒ DELETE

NAME **RYDER, EDWIN**
STREET ADDRESS **44 BEAR CREEK PATH**
CITY - ST - ZIP **ORMOND BEACH FL**

DECEASED

TITLE **T** ☐ DELETE

NAME **TIFFANY, ROGER LEE**
STREET ADDRESS **1321 DERBYSHIRE ROAD**
CITY - ST - ZIP **HOLLY HILL FL 32117**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **000227**

CR2E037 (10/97)