

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 JUN 24 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43921

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/18/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2932168	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				□ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
200002918172--2
83 City
-06/29/99--01020--003
*****70.00 *****70.00
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCMD	1.1 TITLE	
NAME	SCHNEE, ROY J	1.2 NAME	
STREET ADDRESS	179 LEE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	1.4 CITY-ST-ZIP	
TITLE	VPTD	2.1 TITLE	
NAME	DITTAMO, FEDELE	2.2 NAME	
STREET ADDRESS	104 RICHARDS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	PETROCK, FRANK	3.2 NAME	
STREET ADDRESS	602 WESTWARD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	PERILLO, JAMES JR.	4.2 NAME	
STREET ADDRESS	951 BERKSHIRE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	TIFFANY, ROGER LEE	5.2 NAME	
STREET ADDRESS	1321 DERBYSHIRE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

30 APR 1999

904-258  
7153

Date

Daytime Phone #

CR2E037 (11/98)