FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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DOCUMENT # N93000004376 (0)

1. Corporation Name

AMVETS POST NO. 893, INC.

Principal Place of Business	Mailing Address
221 DIXIE LANE ROCKLEDGE FL 32955 US	221 DIXIE LANE ROCKLEDGE FL 32955 US

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o J. T. Heneghan, Cmdr.	26 c/o J. T. Heneghan, Cmdr.
Suite, Apt. #, etc. 22 962 Revere Court	Suite, Apt. #, etc. 27 962 Revere Court
City & State 23 Rockledge, Florida	City & State 28 Rockledge, Florida
Zip / Country 24 32955-3592 / 25 Brevard	Zip / Country 29 32955-3592 / 30 Brevard

4. FEI Number: 59-3155051 ☐ 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

9. Name and Address of Current Registered Agent

KIRK, WILLIS
221 DIXIE LANE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: Joseph T. Heneghan, Post #893 Commander
82 Street Address (P.O. Box Number is Not Acceptable): 962 Revere Court
83
84 City: Rockledge, FL 85 Zip Code: 32955-3592

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: Joseph T. Heneghan 960229
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILLIS, KIRK		1.2 NAME	Heneghan, Joseph T.	
STREET ADDRESS	11-B CARMALT ST.		1.3 STREET ADDRESS	962 Revere Court	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	Rockledge, Florida 32955-3592	
TITLE	STD	☒ DELETE	2.1 TITLE	VCD	☒ Change ☐ Addition
NAME	KISER, ROBERT		2.2 NAME	Palmer, Dennis A.	
STREET ADDRESS	390 SANDERS LANE		2.3 STREET ADDRESS	1233 Florida Avenue	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	Rockledge, Florida 32955	
TITLE	VD	☒ DELETE	3.1 TITLE	VCD	☒ Change ☐ Addition
NAME	HENEGHAN, HOSEPH		3.2 NAME	Gallion, Wilson L.	
STREET ADDRESS	962 REVERE CT.		3.3 STREET ADDRESS	834 Hamilton Avenue	
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP	Rockledge, Florida 32955	
TITLE	VD	☒ DELETE	4.1 TITLE	TM	☒ Change ☐ Addition
NAME	ODZIHOWSKI, FRANCISCO		4.2 NAME	Odzimowski, Francisco	
STREET ADDRESS	4041 N. HARBOR CITY BLVD.		4.3 STREET ADDRESS	4169 Dividend Avenue	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Rockledge, Florida 32955	
TITLE	VD	☒ DELETE	5.1 TITLE	SM	☒ Change ☐ Addition
NAME	BRINGER, MELVIN L.		5.2 NAME	Flood, Richard C.	
STREET ADDRESS	2448 ELSIE CIR.		5.3 STREET ADDRESS	969 Pinson Boulevard	
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP	Rockledge, Florida 32955	
TITLE	D	☒ DELETE	6.1 TITLE	C	☒ Change ☐ Addition
NAME	SKYWARK, CARL		6.2 NAME	Stadom, Limuel	
STREET ADDRESS	2100 N. ATLANTIC AVE # 106		6.3 STREET ADDRESS	232 Skelly Drive	
CITY-ST-ZIP	COCOA BEACH FL		6.4 CITY-ST-ZIP	Rockledge, Florida 32955	

3.27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph T. Heneghan 960229 407-632-1265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)