**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **N93000004376 (0)**

1. Corporation Name

**AMVETS POST NO. 893, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O J.T. HENEGHAN, CMDR.<br>962 REVERE COURT<br>ROCKLEDGE FL 32955-3592<br>US | C/O J.T. HENEGHAN, CMDR.<br>962 REVERE COURT<br>ROCKLEDGE FL 32955-3592<br>US |

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 03/27/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 218 Hardee Lane | 26 218 Hardee Lane |
| Suite, Apt. #, etc.<br>22 Not Applicable | Suite, Apt. #, etc.<br>27 Not Applicable |
| City & State<br>23 Rockledge, Florida | City & State<br>28 Rockledge, Florida |
| Zip / Country<br>24 32955 / 25 U.S.A. | Zip / Country<br>29 32955 / 30 U.S.A. |

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 | 10. Name and Address of New Registered Agent |
|---|---|
| HENEGHAN, JOSEPH T<br>962 REVERE COURT<br>ROCKLEDGE FL 32955-3592 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HENEGHAN, JOSEPH T | | 1.2 NAME | | |
| STREET ADDRESS | 962 REVERE CT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3592 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VCD | ☒ DELETE | 2.1 TITLE | VCD | ☒ Change ☐ Addition |
| NAME | PALMER, DENNIS A | | 2.2 NAME | CHMIELEWSKI, SR.; Charles J. | |
| STREET ADDRESS | 1233 FLORIDA AVE | | 2.3 STREET ADDRESS | 3931 Oak Hill Drive | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3592 | | 2.4 CITY-ST-ZIP | Cocoa, Florida 32926 | |
| TITLE | VCD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GALLION, WILSON L | | 3.2 NAME | | |
| STREET ADDRESS | 834 HAMILTON AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3592 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TM | ☐ DELETE | 4.1 TITLE | TM | ☒ Change ☐ Addition |
| NAME | ODZIMOWSKI, FRANCISCO | | 4.2 NAME | ODZIMOWSKI, Francisco | |
| STREET ADDRESS | 4169 DIVIDEND AVE | | 4.3 STREET ADDRESS | 4041 Highway U.S.#1, North | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3592 | | 4.4 CITY-ST-ZIP | Eau Gallie, Florida 32935-4818 | |
| TITLE | SM | ☒ DELETE | 5.1 TITLE | SM | ☒ Change ☐ Addition |
| NAME | FLOOD, RICHARD C | | 5.2 NAME | CHMIELEWSKI, JR.; Charles J. | |
| STREET ADDRESS | 969 PINSON BLVD | | 5.3 STREET ADDRESS | 1440 Quince Avenue | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3592 | | 5.4 CITY-ST-ZIP | Merritt Island, Florida 32952 | |
| TITLE | C | ☒ DELETE | 6.1 TITLE | C | ☒ Change ☐ Addition |
| NAME | LIMUEL, STADOM | | 6.2 NAME | PHILLIPS, Albert L. | |
| STREET ADDRESS | 232 SKELLY DR | | 6.3 STREET ADDRESS | 626 Crystal Lake Drive | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3592 | | 6.4 CITY-ST-ZIP | Cocoa, Florida 32926-4682 | |

CR2E037 (9/96)

14. I do 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:** Francisco ODZIMOWSKI FILED 2/11/97 407-631-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0020238