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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
2218 HARDEE LANE ROCKLEDGE FL 32295 US	218 HARDEE LANE ROCKLEDGE FL 32955 US

3. Date Incorporated or Qualified: 09/22/1993

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HENEGHAN, JOSEPH T
962 REVERE COURT
ROCKLEDGE FL 32955-3592

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 _____ (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		☐ 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		☐ Change ☐ Addition
NAME	CHMIELEWSKI, SR CHARLES J.		2.2 NAME		
STREET ADDRESS	3931 OAK HILL DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP		
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		☐ Change ☒ Addition
NAME	ODZIMOWSKI, FRANCISCO		4.2 NAME		
STREET ADDRESS	4041 HWY US #1, NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	EAUGALLIE FL		4.4 CITY-ST-ZIP		(Zip) 32935-4818
TITLE	SM	☒ DELETE	5.1 TITLE	SM	☐ Change ☒ Addition
NAME	FLOOD, RICHARD C		5.2 NAME	HARRISON, George M.	
STREET ADDRESS	1440 QUINCE AVE		5.3 STREET ADDRESS	2948 Denham Road	
CITY-ST-ZIP	MERRIT ISLAND FL		5.4 CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	CC	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	PHILLIPS, ALBERT		6.2 NAME		Correction
STREET ADDRESS	626 CRYSTAL LAKE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCCOA FL		6.4 CITY-ST-ZIP	Cocoa, FL 32926	

CR2E037 (10/97)

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: Joseph T. Heneghan Joseph T. Heneghan 2/5/98 (407) 632-1265