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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N93000004376

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

2. Principal Place of Business 21 218 HARDEE LANE	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/22/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3155051 ☐ Applied For ☐ Not Applicable
City & State 23 Rockledge, FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32955 25 US.	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	S/D	☒ 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	VD	☐ Change ☒ Addition
NAME	CHMIELEWSKI, SR CHARLES J.		2.2 NAME	KEARNEY, LEO, R	
STREET ADDRESS	3931 OAK HILL DRIVE		2.3 STREET ADDRESS	40 SCOTT LN	
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	VCD	☐ DELETE	3.1 TITLE	PCD	☒ 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	VD	☐ Change ☒ Addition
NAME	ODZIMOWSKI, FRANCISCO		4. 2 NAME	FANTAGLIONE, TOMMY	
STREET ADDRESS	4041 HWY US #1, NORTH		4.3 STREET ADDRESS	1800 BARRINGTON CIR	
CITY-ST-ZIP	EAUGALLIE FL 32935		4.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SM	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	HARRISON, GEROGE M		5.2 NAME	HUNT, JOSEPH. O	
STREET ADDRESS	2948 DENHAM RD		5.3 STREET ADDRESS	P.O. BOX 561245	
CITY-ST-ZIP	COCOA FL 32926		5.4 CITY-ST-ZIP	ROCKLEDGE, FL 32956-1245	
TITLE	CC	☒ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	PHILLIPS, ALBERT		6.2 NAME		
STREET ADDRESS	626 CRYSTAL LAKE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 Hunt 2/4/99 407-639-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #