## 2006 NOT-FOR-PROFIT CORPORATION

## Feb 24, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N93000004376 02-24-2006 90011 035 \*\*\*\*70.00 AMVETS POST NO. 893, INC. Principal Place of Business Mailing Address 218 HARDEE LANE 218 HARDEE LANE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-3155051 Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - MAURER; EDWARD MOEHLER, EDWARD Street Address (P.O. Box Number is Not Acceptable) 2641 3RD STREET N.E. PALM BAY, FL 32905 1212 PRINCETON COCOA 8.' The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Delete 1M F ☐ Addition MOEHLER, EDWARD MAURER, GDWARD NAME NAME STREET ADDRESS 2641 3RD STREET N.E. STREET ADDRESS 1212 PRINCETON スプ CITY-ST-ZIP 32922 PALM BAY, FL 32905 CITY-ST-ZIP COCOA PL Delete TITLE TITLE ☐ Chance Addition MAURER, EDWARD NAME BORNEMANN, HENRY 1212 PRINCETON ROAD STREET ADDRESS STREET ADDRESS 2414 BAYHILL DR. VIERA FL 32 COCOA, FL 32922 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition Change HUNT, JOSEPH COX, KENNETH W NAME NAME P O BOX 541276 BIL PINE AVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL. 32954 CITY+ST-ZIP CITY-ST-7IP 32922 TITLE Delete TITLE ☐ Change Addition CRENSHAW, HERBERT NAME NAME OSTERMAN, JOHN M 218 HARDEF LANE STREET ADDRESS STREET ADDRESS 3500 JAMES RD ROCKLEDGE, FL 32955 CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Detete TITLE Change Addition NAME NAME LAMMIO, DONAL STREET ADDRESS STREET ADDRESS 215 TUCKAWA CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2006

321-212-9825

FILED