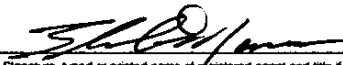


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90011 035 ****70.00

DOCUMENT # N93000004376 1. Entity Name AMVETS POST NO. 893, INC.					
Principal Place of Business 218 HARDEE LANE ROCKLEDGE, FL 32955 US			Mailing Address 218 HARDEE LANE ROCKLEDGE, FL 32955 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3155051	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOEHLER, EDWARD 2641 3RD STREET N.E. PALM BAY, FL 32905				7. Name and Address of New Registered Agent Name MAURER, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1212 PRINCETON RD City COCOA FL Zip Code 32922	
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.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				DATE 2/16/2006 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOEHLER, EDWARD 2641 3RD STREET N.E. PALM BAY, FL 32905	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT MAURER, EDWARD 1212 PRINCETON ROAD COCOA, FL 32922	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNT, JOSEPH P O BOX 541278 MERRITT ISLAND, FL 32954	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CRENSHAW, HERBERT 218 HARDEE LANE ROCKLEDGE, FL 32955	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAURER, EDWARD 1212 PRINCETON RD COCOA FL 32922	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORSEMAN, HENRY 2414 BAYHILL DR. VIERA FL 32940	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, KENNETH W 316 PINE AVE COCOA FL 32922	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSTERMAN, JOHN M 3500 JAMES RD COCOA FL 32922	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLAMMIO, DONALD J 1215 TUCKAWAY DR ROCKLEDGE FL 32955	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☒ Addition			
12. I hereby 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 2/16/2006 Date	
DAYTIME PHONE # 321-212-9925 Daytime Phone #					