

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-15-2003 90241 033 ****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**

55005628

2003 03 10 10:00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3155051**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH, HENEGHAN T.
982 REVERE COURT
ROCKLEDGE FL 32955**

Name

George M. Harrison

Street Address (P.O. Box Number is Not Acceptable)

2948 Denham Road

City

Cocoa

FL

Zip Code
32926

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HENEGHAN, JOSEPH T**
STREET ADDRESS **982 REVERE CT**
CITY-ST-ZIP **ROCKLEDGE FL 32955-3592**

TITLE **PD** ☒ Change ☐ Addition
NAME **HARRISON, George M.**
STREET ADDRESS **2948 Denham Road**
CITY-ST-ZIP **Cocoa, Florida 32926**

TITLE **VD** ☐ Delete
NAME **DIAZ, ALBERTO**
STREET ADDRESS **3737 N US 1 HWY**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **MT** ☒ Change ☐ Addition
NAME **DIAZ, Alberto**
STREET ADDRESS **3737 N. US 1 Hwy**
CITY-ST-ZIP **Cocoa, Florida 32922-8714**

TITLE **VD** ☒ Delete
NAME **MAURER, EDWARD R**
STREET ADDRESS **1212 PRINCETON ROAD**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **T** ☐ Change ☒ Addition
NAME **ODZIMOWSKI, Francisco**
STREET ADDRESS **227 Forecast Lane**
CITY-ST-ZIP **Rockledge, Florida 32955-5645**

TITLE **PCD** ☒ Delete
NAME **FANTACCIONE, THOMAS**
STREET ADDRESS **1900 BARRINGTON CIRCLE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **VT** ☒ Change ☐ Addition
NAME **LILL, William F.**
STREET ADDRESS **P.O. Box 220**
CITY-ST-ZIP **Sharpes, Florida 32959-0220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

321-639-8515

Daytime Phone #

CR2E037 (10/02)