

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90247 041 *****61.25

DOCUMENT # N94000002246

1. Entity Name

AMVETS, HUDSON POST # 16, INC.



Principal Place of Business

9638 STATE RD. 52
HUDSON FL 34669

Mailing Address

9638 STATE RD. 52
HUDSON FL 34669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TENNIS KENNETH BLVD.
14039 WATER TOWER DR
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

Kelly, Chris

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

13122 Slash Pine Dr.

City

Hudson

FL

Zip Code

34669

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

Chris Kelly

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

(NOTE: Registered Agent signature required when reinstalling)

Chris Kelly

4/9/04

DATE

4/9/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	HECK, WILLIAM	
STREET ADDRESS	11837 MARION DR.	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOEVENDERF, PETER E	
STREET ADDRESS	18145 SMAZ NO. 52	
CITY-ST-ZIP	LAND O LAKES FL 34639-6902	
TITLE	T	<input type="checkbox"/> Delete
NAME	TENNIS, KENNETH D	
STREET ADDRESS	17219 MERIDIAN BLVD.	
CITY-ST-ZIP	HUDSON FL 34667-4936	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, JAMES J	
STREET ADDRESS	11827 QUINCY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIGAN, ROBERT D	
STREET ADDRESS	12037 SHADOW RIDGE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berger, Arthur	
STREET ADDRESS	12451 Moon Lake Circle	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mulligan, Robert D.	
STREET ADDRESS	12037 Shadow Ridge Rd.	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Chris	
STREET ADDRESS	13122 Slash Pine Dr.	
CITY-ST-ZIP	Hudson, FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooke, James J.	
STREET ADDRESS	11827 Quincy Dr.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Richard	
STREET ADDRESS	10240 DeKoster Ave.	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ballew, Bennie	
STREET ADDRESS	9708 Chris St.	
CITY-ST-ZIP	Hudson, FL 34669	

12. 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 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:

Chris Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Kelly

Date

727-857-9066

Daytime Phone #

54030560



MOORE CR2E037 (11/03)

4. FEI Number **59-3257809** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**