

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002300 (1)**

1. Corporation Name

MATT URBAN AMVETS POST 46 INC.

Principal Place of Business

Mailing Address

**313 RIVER CHASE DRIVE
ORLANDO FL 32807-8241**

**313 RIVER CHASE DRIVE
ORLANDO FL 32807-8241**



3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

59-3099749

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2354 Flamingo Way
Suite, Apt. #, etc.

26 2354 Flamingo Way
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Winter Park, FL
Zip Country

28 Winter Park, FL
Zip Country

24 32792 **25 Seminole**

29 32792 **30 Seminole**

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SYLVIA, EMANUEL
313 RIVER CHASE DRIVE
ORLANDO FL 32807-8241**

81 Name

MARIAN E Roberts

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

2354 Flamingo Way

83

84 City

Winter Park

FL

85 Zip Code

32792

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **SYLVIA, EMANUEL**
STREET ADDRESS **313 RIVER CHASE DR**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Commander
MARIAN E ROBERTS
2354 Flamingo Way
Winter Park, FL 32792

☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **ROBERTS, THOMAS W.**
STREET ADDRESS **3007 JOHNNY ST**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

2354 Flamingo Way
Winter Park, FL 32792

☒ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **DRESS, GERARD T.**
STREET ADDRESS **3007 JOHNNY ST**
CITY-ST-ZIP **ORLANDO FL 32817**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

4-14-98 407-657-4608

CR2E037 (10/97)