

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002752 (3)

1. Corporation Name

AMVETS OF WAR AND PEACE POST 77, INCORPORATED

Principal Place of Business

VETERANS MEMORIAL CENTER
400 S SYKES CREEK PARKWAY
MERRITT ISLAND FL 32952

Mailing Address

VETERANS MEMORIAL CENTER
400 S SYKES CREEK PARKWAY
MERRITT ISLAND FL 32952



3. Date Incorporated or Qualified
05/25/1994

3a. Date of Last Report
06/22/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLOWAY, ROBERT G
526 COCOA ISLES BOULEVARD
COCOA BEACH FL 32931

81 Name

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

83

84 City

FL

85 Zip Code

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

NAME

STREET ADDRESS

CITY-ST-ZIP

MD

HOWARD, JOHN D
1720 S. SHELTER TRAIL
MIAMI FL 32952

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MT

JOHNSON, CHARLES J
2426 LEGAY ST.
COCOA BCH. FL 32926

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

BHOLLOWAY, ROBERT G
526 COCOA ISLES BLVD.
COCOA BCH. FL 32931

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MD

GILDER, FOREST D
590 S. BELFORT CT.
MERRITT ISLAND FL 32952

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CPD

ROSSI, LOUIS N
460 PENGUIN DR.
SATELLITE BCH. FL 32937

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

600001735636
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert G. Holloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96
Day

(407)
783-6543
Daytime Phone #

CR2E037 (12/95)