

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002752 (3)

1. Corporation Name

AMVETS OF WAR AND PEACE POST 77, INCORPORATED

Principal Place of Business

Mailing Address

VETERANS MEMORIAL CENTER  
400 S SYKES CREEK PARKWAY  
MERRITT ISLAND FL 32952VETERANS MEMORIAL CENTER  
400 S SYKES CREEK PARKWAY  
MERRITT ISLAND FL 32952-35473. Date Incorporated or Qualified  
05/25/19943a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

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 MD ☐ DELETE  
NAME HOWARD, JOHN D  
STREET ADDRESS 1720 S. SHELTER TRAIL  
CITY-ST-ZIP MIAMI FL 329521.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE MT ☐ DELETE  
NAME JOHNSON, CHARLES J  
STREET ADDRESS 2426 LEGAY ST.  
CITY-ST-ZIP COCOA BCH. FL 329262.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME BHOLLOWAY, ROBERT G  
STREET ADDRESS 526 COCOA ISLES BLVD.  
CITY-ST-ZIP COCOA BCH. FL 329313.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE MD ☐ DELETE  
NAME GILDER, FOREST D  
STREET ADDRESS 590 S. BELFORT CT.  
CITY-ST-ZIP MERRITT ISLAND FL 329524.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE CPD ☐ DELETE  
NAME ROSSI, LOUIS N  
STREET ADDRESS 460 PENGUIN DR.  
CITY-ST-ZIP SATELLITE BCH. FL 329375.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

Robert G. Holloway  
ROBERT G. HOLLOWAY

1/15/97

407-783-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020059

CR2E037 (9/96)