

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003428 (9)**

1. Corporation Name

AMVETS ISLAMORADA HURRICANE POST #935 INC.

Principal Place of Business

P.O. BOX 1152
ISLAMORADA FL 33036

Mailing Address

P.O. BOX 1152
ISLAMORADA FL 33036



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

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30

9. Name and Address of Current Registered Agent

DEHESSA, DAVID M
81904 OVERSEAS HWY.
ISLAMORADA FL 33036-0422

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report
10/30/1995

4. FEI Number
65-0396404

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

10. Name and Address of New Registered Agent

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 **CD** ☒ DELETE
STREET ADDRESS **GRENAD, CHESTER**
CITY-ST-ZIP **104 CORAL AVE.
TAVERNIER FL 33070**

1.1 TITLE
1.2 NAME **CD** ☒ Change ☐ Addition
1.3 STREET ADDRESS **EADES, BARNIE**
1.4 CITY-ST-ZIP **P.O. BOX 182 N/A
ISLAMORADA, FL. 33036-0182**

TITLE
NAME **VCD** ☒ DELETE
STREET ADDRESS **KEITH, CARL**
CITY-ST-ZIP **P.O. BOX 65 N/A
ISLAMORADA FL 33036-0065**

2.1 TITLE
2.2 NAME **VCD** ☒ Change ☐ Addition
2.3 STREET ADDRESS **GIBNEY, JOSEPH**
2.4 CITY-ST-ZIP **111 MOHAWK ST.
TAVERNIER, FL. 33070**

TITLE
NAME **ASD** ☐ DELETE
STREET ADDRESS **DEHESSA, DAVID M**
CITY-ST-ZIP **81904 OVERSEAS HWY.
ISLAMORADA FL 33036**

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

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:

DAVID M. DEHESSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 **305-664-8120**
Date Daytime Phone #

CR2E037 (3/96)