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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000004168 (0)

1. Corporation Name
AMVETS POST # 794 INC.



Principal Place of Business Mailing Address
2226 PIKE POND ROAD ALFORD FL 32420 2226 PIKE POND ROAD ALFORD FL 32420-8902

3. Date Incorporated or Qualified 08/25/1994 3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 1096 Hwy 231 South 26 1099 Hwy 231 South
Suite Apt. #, etc. Suite, Apt. #, etc.
22 ALFORD, FL 27
City & State City & State
23 32420 28 ALFORD, FL
Zip Zip
24 25 JACKSON 29 32420 30 JACKSON
Country Country

4. FEI Number 59-3261346 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HARRELL, FRANK H
2226 PIKE POND ROAD
ALFORD FL 32420

10. Name and Address of New Registered Agent
81 Name N/A
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Harrell, Frank H; McCann, Donald W; Stricker, Ivan.

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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: _____ 3-7-97 904-579-258

CR2E037 (9/96)