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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N95000003931 (1)

AMVETS POST #38 INC.

Principal Place	e of Business	Mailing Address			0141 00114 00F08 13140 40100 14101 4101 4804
9017 N ALCAN PENSACOLA F	·· · · · · · · · · · · · · · · · · ·	P.O. BOX 9773 PENSACOLA FL 32513-9773			
				3. Date Incorporated or Qualified 08/15/1995	3a. Date of Last Report 08/07/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-3326098	Applied For
Suite, Apt.	# alc	Suite, Apt. #, etc.	-	03 0020030	Not Applicable \$8.75 Additional
22	π, φιο.	27		5. Certificate of Status Desired	Fee Required
City & State	ė	City & State		6. Election Campaign Financing	\$5.00 May Be
28		28		Trust Fund Contribution	Added to Fees
Zip .	Country	Zip	Country	8. This corporation has liability for in	
24	25		10	Florida Statutes 10. Name and Address of New Reg	Yes No
_	9. Name and Address of Curre	aur undiareren waeur	81 Name 1		hararan waarit
14011144	AC DAVED A	honse BAII			
WILLIAMS, DAVID A 303 SEAMARGE LN			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
PENSACOLA FL 32503			83		MANAGEMENT OF THE PARTY OF THE
1 Elliphia			84 City		85 Zip Code
			1 1 1 1 1/2	ensacola	FL Sasos
11. Pursuant office or r	to the provisions of Sections 617.05 agistered agent, or both, in the Sta	502 and 617.1508, Florida Statutes te of Florida, Such change was au	s, the above-named corp thorized by the corporat	oration submits this statement for the prijon's board of directors. I hereby accept	urpose of changing its registered the appointment as 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 hold or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	DC	DELETE	LITTLE D CO	mmander	Change 🔀 Addition
NAME	BALL, ALPHONSE		Lanuar - A	Inhaus RAU	
STREET ADDRESS	2357 TRUMAN AVE		1.3 STREET ADDRESS 2.	357 Truman AV	_
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-ST-ZIP	NSacola, 1 37505	
TITLE	VD	☐ DELETE	2.1 TITLE VD PV	ice Commander	☐ Change 🔀 Addition
NAME	RIDEAU, THOMAS		2.2 NAME	homas Rideau	
STREET ADDRESS	716 GENTIAN DR PENSACOLA FL 32503		2.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE	PENSACULA FL 32000		0.4007// 07.700	116 Gentian Dr	-n3
NAME	Vn ·	DELETE	2.4 CITY-ST-ZIP	ensacola, F1 325	
	VD LEWIS, JOSEPH	DELETE	3.1 TITLE VD 2/4	Vice Commander	Change Addition
STREET ADDRESS	VD LEWIS, JOSEPH 9909 HILLVIEW RD	☐ DELETE	3.1 TITLE VD ZAG 3.2 NAME	ensacola F1 326 Vice Commander Voria Tolbert,	
STREET ADDRESS CITY-ST-ZIP	LEWIS, JOSEPH	☐ DELETE	3.1 TITLE VD 2AU 3.2 NAME 3.3 STREET ADDRESS //	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	
	LEWIS, JOSEPH 9909 HILLVIEW RD	☐ DELETE	3.1 TITLE VD 2AU 3.2 NAME 3.3 STREET ADDRESS //	Pensacola, F1 326 Vice Commander Boria Tolbert 604 North "X" 5t	
CITY-ST-ZIP	LEWIS, JOSEPH 9909 HILLVIEW RD	-	3.1 TITLE VD 3.AU 3.2 NAME 3.3 STREET ADDRESS / / 3.4. CITY-ST-ZIP	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	☐ Change ★ Addition
CITY-ST-ZIP	LEWIS, JOSEPH 9909 HILLVIEW RD	-	3.1 TITLE VD 3.43 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-2IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	☐ Change ★ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEWIS, JOSEPH 9909 HILLVIEW RD	DELETE	3.1 TITLE VD 3.43 3.2 NAME 3.3 STARECT ADDRESS 4.1 TITLE 4.2 NAME 4.3 STARECT ADDRESS 4.4 CITY-ST-ZIP	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LEWIS, JOSEPH 9909 HILLVIEW RD	-	3.1 TITLE VD 3.43 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	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	☐ Change ★ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LEWIS, JOSEPH 9909 HILLVIEW RD	DELETE	3.1 TITLE VD 3.43 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	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEWIS, JOSEPH 9909 HILLVIEW RD	DELETE	3.1 TITLE VD 3.AB 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	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LEWIS, JOSEPH 9909 HILLVIEW RD PENSACOLA FL 32514	DELETE	3.1 TITLE VD 3.43 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	Pensacola, FI 326 Vice Commander Bloria Tolbert, BOY North "X" 5t CNSacola, FI 32505	Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEWIS, JOSEPH 9909 HILLVIEW RD PENSACOLA FL 32514	☐ DELETE	3.1 TITLE VD 3.43 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	Vice Commander Vice Commander Voria Tolbert VOY North "X" 5t	Change Addition Change Addition Change Addition

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.