

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000001719 (1)**

1. Corporation Name

**ARNOLD V. ALLEN POST NO. 166, INC.**

Principal Place of Business

Mailing Address

**3398 N. ANNAPOLIS AVE.  
HERNANDO FL 34442-1557**

**3398 N. ANNAPOLIS AVE.  
HERNANDO FL 34442-4713**



|                                      |  |                                      |  |  |  |   |  |
|--------------------------------------|--|--------------------------------------|--|--|--|---|--|
| 2. Principal Place of Business       |  | 2a. Mailing Address                  |  | 3. Date Incorporated or Qualified<br><b>03/25/1996</b>   |  | 3a. Date of Last Report   |  |
| 21 <b>5730 W. Paul Bryant Drive,</b> |  | 26 <b>5730 W. Paul Bryant Drive,</b> |  | 4. FEI Number  |  | <input checked="" type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.                  |  | Suite, Apt. #, etc.                  |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 22 City & State                      |  | 27 City & State                      |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 23 <b>Crystal River, Fl.</b>         |  | 28 <b>Crystal River, Fl.</b>         |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |  |
| 24 Zip <b>34429-7522</b>             |  | 25 Country <b>U. S. A.</b>           |  | 29 Zip <b>34429-7522</b>   |  | 30 Country <b>U. S. A.</b>  |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DECK, ROBERT J.  
3398 N. ANNAPOLIS AVE.  
HERNANDO FL 34442-1557**

|   |                                   |
|---|-----------------------------------|
| 81 Name   | <b>Rheuben M. Hair, Sr.</b>       |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>5730 W. Paul Bryant Drive,</b> |
| 83  | <b>600002182926</b>               |
| 84 City   | <b>Crystal River, FL</b>          |
|   | <b>05/19/97-01060-020</b>         |
|   | <b>FL 34429-7522</b>              |

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 *Rheuben M. Hair, Sr.* **Rheuben M. Hair, Sr. - P** **4/18/97** DATE  
(NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DECK, ROBERT J</b>                               | 1.2 NAME  | <b>Hair, Rheuben M., Sr.</b>  |
| STREET ADDRESS             | <b>3398 N. ANNAPOLIS AVE.</b>                       | 1.3 STREET ADDRESS                                    | <b>5730 W. Paul Bryant Drive,</b>   |
| CITY-ST-ZIP                | <b>HERNANDO FL 34442-1557</b>                       | 1.4 CITY-ST-ZIP                                       | <b>Crystal River, FL 34429-7522</b>   |
| TITLE                      | <b>V</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WALTHER, JOHN J</b>                              | 2.2 NAME  | <b>Androski, Frank J.</b>   |
| STREET ADDRESS             | <b>1391 S. PALM AVE.</b>                            | 2.3 STREET ADDRESS                                    | <b>5689 W. Sardock Ct.,</b>   |
| CITY-ST-ZIP                | <b>HOMOSASSA FL 34448-1439</b>                      | 2.4 CITY-ST-ZIP                                       | <b>Homosassa, FL 34446-2474</b>   |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HILLS, DONALD</b>                                | 3.2 NAME  | <b>Walther, John J.</b>   |
| STREET ADDRESS             | <b>288 N. TURKEY PINE LOOP</b>                      | 3.3 STREET ADDRESS                                    | <b>1391 S. Palm Avenue,</b>   |
| CITY-ST-ZIP                | <b>LECANTO FL 34461-8431</b>                        | 3.4 CITY-ST-ZIP                                       | <b>Homosassa, FL 34448-1439</b>   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HALL, GERALDINE E</b>                            | 4.2 NAME  | <b>Hall, Charles A.</b>   |
| STREET ADDRESS             | <b>P.O. BOX 1342 N/A</b>                            | 4.3 STREET ADDRESS                                    | <b>5735 W. Sardock Ct.,</b>   |
| CITY-ST-ZIP                | <b>HOMOSASSA SPRINGS FL 34447-1342</b>              | 4.4 CITY-ST-ZIP                                       | <b>Homosassa, FL 34446-2431</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  | <b>Sorenson, Robert H.</b>  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | <b>174 N. Mesquite Pt.,</b>   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | <b>Lecanto, FL 34461-8582</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  | <b>Coady, Raymond J.</b>  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    | <b>460 N. Bluejack Pt.,</b>   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | <b>Lecanto, FL 34461-8711</b>   |

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: *Rheuben M. Hair, Sr.* **Rheuben M. Hair, Sr.** DATE: **4/18/97** Daytime Phone #: **0065172**

CR2E037 (9/96)