

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001719 (1)**

1. Corporation Name

ARNOLD V. ALLEN POST NO. 166, INC.



Principal Place of Business 5730 W. PAUL BRYANT DRIVE CRYSTAL RIVER FL 34429-7522	Mailing Address 5730 W. PAUL BRYANT DRIVE CRYSTAL RIVER FL 34429-7522
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
03/25/1996

4. FEI Number
NOT APPLICABLE

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent HAIR, RHEUBEN M 5730 W. PAUL BRYANT DRIVE CRYSTAL RIVER FL 34429-7522

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P HAIR, RHEUBEN M
STREET ADDRESS	5730 W. PAUL BRYANT DRIVE
CITY - ST - ZIP	CRYSTAL RIVER FL 34429-7522
TITLE	<input type="checkbox"/> DELETE
NAME	V ANDROSKI, FRANK J
STREET ADDRESS	5889 W. SARDOCK COURT
CITY - ST - ZIP	HOMOSASSA FL 34446
TITLE	<input type="checkbox"/> DELETE
NAME	S WALTHER, JOHN
STREET ADDRESS	1391 S. PALM AVENUE
CITY - ST - ZIP	HOMOSASSA FL 34446
TITLE	<input type="checkbox"/> DELETE
NAME	T HALL, GERALDINE E
STREET ADDRESS	P.O. BOX 1342
CITY - ST - ZIP	HOMOSASSA SPRINGS FL 34447-1342
TITLE	<input type="checkbox"/> DELETE
NAME	T SORENSON, ROBERT H
STREET ADDRESS	174 N. MESQUITE POINT
CITY - ST - ZIP	LECANTO FL 34461
TITLE	<input type="checkbox"/> DELETE
NAME	T COADY, RAYMOND
STREET ADDRESS	480 N. BLUEJACK POINT
CITY - ST - ZIP	LECANTO FL 34461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 H. Sorenson

2/2/98

352 795-3334

CR2E037 (10/97)