

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N96000002631 (7)

1. Corporation Name

AMVETS POST 25 CITRA, FLA. INCORPORATED

Principal Place of Business

Mailing Address

501 N.W. 155TH PLACE  
CITRA FL 32113

POST OFFICE BOX 250  
CITRA FL 32113

REINSTATEMENT 9/8

FILED

98 OCT 21 PM 12:39



2. Principal Place of Business

2a. Mailing Address

21 539 N.E. 155 ST RD

26 539 N.E. 155 ST RD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

CITRA FLA

CITRA FLORIDA

24 Zip

25 Country

29 Zip

30 City

32113

MARION

32113

MARION

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/17/1996

4. FEI Number

APPLIED FOR 59-336435

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

CLARK, GAIL R  
501 NE 155TH PLACE  
CITRA FL 32113

81 Name Gail R. Clark

82 Street Address (P.O. Box Number is Not Acceptable)  
539 N.E. 155 ST RD

83

84 City CITRA

FL

85 Zip Code 32113

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the re-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]*  
Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

8-9-98

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CARR, WILBUR  
STREET ADDRESS 16440 NW 45TH TERRACE  
CITY-ST-ZIP CITRA FL 32133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000002674070--4  
-10/28/98-01031-001

TITLE D  
NAME HAMPKER, ROBERT  
STREET ADDRESS 503 NE 155TH PLACE  
CITY-ST-ZIP CITRA FL 32113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\*\*\*\*236.25 ☐ Change ☐ Addition

TITLE D  
NAME SACCO, PETER  
STREET ADDRESS 539 NW 155TH ST  
CITY-ST-ZIP CITRA FL 32113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-98

Date

Daytime Phone #

352-585-4959

CR2E037 (5/98)