03121999-90013-009-$8.75-$8.75 * 03121999-90013-010-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12, 1999 8:00 am
Secretary of State
03-12-1999 90013 009 *****8.75
03-12-1999 90013 010 ****61.25

DOCUMENT # N96000002631

1. Corporation Name
AMVETS POST 25 CITRA, FLA. INCORPORATED

Principal Place of Business	Mailing Address
~~539 N.E. 155 ST. RD.~~	~~539 N.E. 155 ST. RD.~~
~~CITRA FL 32113~~	~~CITRA FL 32113~~

2. Principal Place of Business	2a. Mailing Address
21 5561 N.W. 191ST PL.	26 P.O. Box 761
Suite, Apt. #, etc. 22 Orange Lake	Suite, Apt. #, etc. 27
City & State 23 Fl.	City & State 28 Orange Lake Fl.
Zip 24 32681 Country 25 U.S.A.	Zip 29 32681 Country 30

3. Date Incorporated or Qualified: 05/17/1996

4. FEI Number: 59-3364351 ☐ 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

9. Name and Address of Current Registered Agent

CLARK, GAIL R
539 N.E. 155 ST. RD
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name: Frank Russell
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 761
83: 5561 N.W. 191st Pl.
84 City: Orange Lake FL 85 Zip Code: 32681

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: Frank Russell 3-28-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	CARR, WILBUR		1.2 NAME	Frank Russell	
STREET ADDRESS	16440 NW 45TH TERRACE		1.3 STREET ADDRESS	P.O. Box 761	
CITY-ST-ZIP	CITRA FL 32133		1.4 CITY-ST-ZIP	Orange Lake, Fl. 32681	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMPKER, ROBERT		2.2 NAME		
STREET ADDRESS	503 NE 155TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D.	☐ Change ☐ Addition
NAME	SACCO, PETER		3.2 NAME	Michael Lecher Jr	
STREET ADDRESS	539 NW 155TH ST		3.3 STREET ADDRESS	P.O. Box 654	
CITY-ST-ZIP	CITRA FL 32113		3.4 CITY-ST-ZIP	McIntosh, Fl. 32664	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael Lecher Jr. Michael Lecher Jr 3-28-99 352-591-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #