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NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005177 (8)**

1. Corporation Name  
**AMVETS POST NO: 17, INC. OF SANFORD FLORIDA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>901 SEMINOLE BLVD</b> <b>2400 DUNSTON AVE POST NO-17</b> <b>SANFORD FL 32771</b>	Mailing Address <b>P O BOX 626</b> <b>SANFORD FL 32772-0626</b>
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3. Date Incorporated or Qualified <b>10/04/1996</b>	4. FEI Number <b>59-2787129</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>APPLIED FOR</b>
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2. Principal Place of Business <b>21 901 SEMINOLE BLVD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. BOX 626</b> Suite, Apt. #, etc.
22 City & State <b>23 SANFORD FLA</b> Zip <b>24 32771</b>	27 City & State <b>28 SANFORD FLA</b> Zip <b>29 32771</b>
Country <b>25 SEMINOLE</b>	Country <b>30 SEMINOLE</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MOBLEY, FREDDIE SR</b> <b>1816 S SUMMERLIN AVE</b> <b>SANFORD FL 32771</b>	81 Name <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>T</b>	NAME <b>MOBLEY, FREDDIE SR</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1816 S SUMMERLIN AVE</b>		1.2 NAME	
CITY-ST-ZIP <b>SANFORD FL</b>		1.3 STREET ADDRESS	
TITLE <b>T</b>	NAME <b>FIELDS, MAURICE G</b>	1.4 CITY-ST-ZIP	
STREET ADDRESS <b>713 E 10 STREET</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>SANFORD FL</b>		2.2 NAME	
TITLE <b>S</b>	NAME <b>MCMILLAN, OTIS</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>P O BOX 390382 N/A</b>		2.4 CITY-ST-ZIP	
CITY-ST-ZIP <b>DELTONA FL 32739</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b>	NAME <b>DIXON, WALTER N</b>	3.2 NAME	
STREET ADDRESS <b>510 LOCUST AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SANFORD FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>HATCH, WILLIE M</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1117 OLIVE AVE</b>		4.2 NAME	
CITY-ST-ZIP <b>SANFORD FLA 32771</b>		4.3 STREET ADDRESS	
TITLE <b>T</b>	NAME <b>HATCH, WILLIE M</b>	4.4 CITY-ST-ZIP	
STREET ADDRESS <b>1117 OLIVE AVE</b>		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP <b>SANFORD FLA 32771</b>		5.2 NAME	
TITLE <b>T</b>	NAME <b>HATCH, WILLIE M</b>	5.3 STREET ADDRESS	
STREET ADDRESS <b>1117 OLIVE AVE</b>		5.4 CITY-ST-ZIP	
CITY-ST-ZIP <b>SANFORD FLA 32771</b>		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b>	NAME <b>HATCH, WILLIE M</b>	6.2 NAME	
STREET ADDRESS <b>1117 OLIVE AVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>SANFORD FLA 32771</b>		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: \_\_\_\_\_ (407) 322-1471

CR2E037 (10/97)