## **FILE NOW: FILING FEE IS \$61.25**

N96000005177 (8)

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998

**DOCUMENT #** 

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP



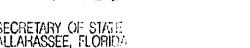
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

98 MAY -8 PM 2: 24

SECRETARY OF STATE



i Corporation Name					TALLAKASSEE, FLORIDA	
AMVETS POST NO: 17, INC. OF SANFORD FLORIDA  Principal Place of Business BLV)  Mailing Address						
SANFORD FL 32771			P O BOX 626 SANFORD FL 32772- <b>062</b> 6			3. Date Incorporated or Qualified
						10/04/1996
						4. FEI Number 59-2787 129 Applied For
						APPLIED FOR Not Applicable
2. Principal Place of Business			2a. Mailing Address	1- 1		5. Certificate of Status Desired S8.75 Additional
21 90 SEMINOLE BLUD				62.6		Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 City & State			City & State			Trust Fund Contribution
23 SANFORD FLA			28 SANFORD FLA			7. Is this nonprofit corporation a homeowners association?  Yes  You
Zip		Country	Zip	Count	,	8. This corporation owes or has paid the current year Intangible
24 3277		25 SEMINDLE	29 32771	30 SE	MIND	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
				la.	Name	
MOBLEY, FREDDIE SR 1816 S SUMMERLIN AVE				8:	Street A	Address (P.O. Box Number is Not Acceptable)
SANFORD FL 32771				8:	1	
				84		FL 85 Zip Code
11. Pursuant to office or reagent. I as	to the provis egistered ag m familiar w	sions of Sections 617.0502 gent, or both, in the State o ith, and accept the obligat	and 617.1508, Florida Statut f Florida. Such change was a ions of, Section 617.0503, Flo	es, the abor authorized b orida Statute	ve-named by the corp is.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS 13.					ent algnature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	OF TOLIS AND	DELETE	1.3 TUTLE		Change Addition
				1.2 NAME		Change C radiation
NAME MOBLEY, FREDDIE SR				1.2 NAME		

1816 S SUMMERLIN AVE STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Сһапое Addition TITLE 2.1 TITLE FÆLDS, MAURICE G 2.2 NAME 713 E 10 STREET STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition NAME MCMILLAN, OTIS 3.2 NAME 50000251**7**565----05/08/98--01097--009 P O BOX 390362 N/A STREET ADDRESS 3.3 STREET ADDRESS **DELTONA FL 32739** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change TITLE DIXON, WALTER N 4.2 NAME NAME **510 LOCUST AVE** STREET ADDRESS 4.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

NAME **6.2 NAME** 6.3 STREET ADDRESS STREET ADDRESS 14. Thereby 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.

DELETE

5.2 NAME

6.1 TITLE

**5.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

PLIVE AVE

ell i malk

HATCH . WILLE M

1117 OLIVE AVE

SANFORD FLA 32771

(4AD) 322 147/1

Addition