

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90008 005 ****70.00

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1. Corporation Name

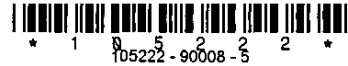
AMVETS POST NO: 17, INC. OF SANFORD FLORIDA

Principal Place of Business

901 SEMINOLE BLVD.
SANFORD FL 32771

Mailing Address

P.O. BOX 626
SANFORD FL 32771



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

59-2787129

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

MOBLEY, FREDDIE SR
1816 S SUMMERLIN AVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MOBLEY, FREDDIE SR
STREET ADDRESS
1816 S SUMMERLIN AVE
CITY-ST-ZIP
SANFORD FL

TITLE ☐ DELETE

NAME
FIELDS, MAURICE G
STREET ADDRESS
713 E 10 STREET
CITY-ST-ZIP
SANFORD FL

TITLE ☒ DELETE

NAME
MCMILLAN, OTIS
STREET ADDRESS
P O BOX 390362 N/A
CITY-ST-ZIP
DELTONA FL 32739

TITLE ☐ DELETE

NAME
HATCH, WILLIE M K
STREET ADDRESS
1117 OLIVE AVE.
CITY-ST-ZIP
SANFORD FL 32771

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
EDDIE JACKSON
1.3 STREET ADDRESS
161 BETHUNE CIRCLE
1.4 CITY-ST-ZIP
SANFORD, FL 32771

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
DAUSE THOMPSON
2.3 STREET ADDRESS
1630 WEST STATE ROAD 46
2.4 CITY-ST-ZIP
GENEVA, FL 32732

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
WOODROW JACKSON
3.3 STREET ADDRESS
105 KRIDER ROAD
3.4 CITY-ST-ZIP
SANFORD, FL 32773

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

WOODROW JACKSON ADJUTANT 9 Jan 99 (407) 324-5251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0014732

CR2E037 (11/98)