FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



MATURE Branda Minu + Bornda

FLORIDA DEPARTMENT OF STATE

Sandea B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003490 (6)

AMVETS POST 26 INC.

FILED May 20 1998 8:00am Secretary of State

Gray 20Am 98 (407)646-4107

AMVETS POST 26 INC.					
Principal Place of Business			Mailing Address		. 1 HOLKHAN DIE IOLIN LOOM! BONIN BONIN BONIN BONIN DENNI DENNI DIENE NEWE BONIN DON
150 E. MAIN STREET AVON PARK FL 32825			150 E. MAIN STREET AVON PARK FL 3282 5		3. Date Incorporated or Qualified 06/19/1997 4. FEI Number 59 - 34 4 99 56 Not Applied For Not Applicable
2. Principal Place of Business			2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21			26 P. O. B	>x 609	∧ Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution Added to Fees
City & State			City & State		7. Is this nonprofit corporation a homeowners association?
23			28 Avon Par	K. FL.	Yes No
Zip		Country	ziρ 29 33825	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 25 25 Name and Address of Curre				30 U.S.	10, Name and Address of New Registered Agent
81 Name Q \ T C					
MCNEIL, LEOTIS 150 E. MAIN STREET 82 Street Addr					dress (P.O. Box Number is Not Acceptable)
AVON P	ark fl 32	825		83 421	Tulane Drive
					von Park FL 85 Zip Code 33825
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride 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 it applicable. (NOTE: Registered agent age					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature regular when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
TITLE			DELETE	1.1 TITLE	Change Addition
NAME				1.2 NAME	Donald Simmons
STREET ADDRESS				1.3 STREET ADDRESS	103 E. Hal McRae Blvd.
CITY-ST-ZIP					tyon Park, FL. 33825
TITLE			☐ DELETE	2.1 TITLE	narshall E. Johnson : Jr.
NAME					
STREET ADDRESS					207 Atlantic Avenue Tvon Park, Fl., 33825
CITY-ST-ZIP			☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	avon fack, FL. 33825
TITLE NAME				3.2 NAME	Brenda J. Gray
STREET ADDRESS				3.3 STREET ADDRESS	121 Tulane Drive
CITY-ST-ZIP					Fron Park, FL. 33825
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			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE NAME			ت میداد	6.2 NAME	broad
STREET ADDRESS				6.3 STREET ADDRESS	
CITY OT 710				6.4 CiTY - ST - ZIP	
14. I hereby o	certify that ti	ne information supplie	d with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
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.					