2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # N99000005880 1. Entity Name 02-04-2004 90087 031 ****61.25 AMVETS POST #28 OF HERNANDO COUNTY, FLORIDA Principal Place of Business Mailing Address 24006970 P.O. BOX 15242 11100 LYNDEN DR **BROOKSVILLE FL 34604** SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-3495301 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, JAMES Street Address (P.O. Box Number is Not Acceptable) 11100 LYNDON DR SPRING HILL FL 34609 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. M. PARKER ADJUTANT (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Commander TITLE TITLE Change ☐ Addition Delete JOHNSON, JAMES JAMES L. WEIR NAME NAME 11100 LYNDEN DR P.O. Box 1937 LANGO-LAKES STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition MORRISSEY, WILLIAM V R. wayne Beefy 2509 Byerswood DR. Brookbrille, Fl. 34607 NAME NAME 4446 WATT AVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP JAMES Johnson --ΓΩΩ. Change TITLE ☐ Addition Delete TITLE HANNATARVID G NAME NAME 8501 FLEET WAY STREET ADDRESS STREET ADDRESS 3PRING H. 11, Fl. 34609 **BROOKSVILLE FL 34613** CITY-ST-ZIP CITY-ST-ZIP MARK SUEC - (TRUSTEE) A Change Delete TITLE TITLE ☐ Addition ROBINSON, MICHAEL NAME NAME 2339 TERRACE VIEW LANC 1406 DELTONA BLVD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ORLANDO, SALVATORE NAME NAME 7630 LANDMARK PK DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP City-St-788 TITLE Delete TITLE ☐ Change [] Addition RUGGERIO, JOHN NAME 4477 DASTON ST STREET ADDRESS STREET ADDRESS SPRING HILL FL 34613 CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attactpropt with an address, with all other like empowered.

SIGNATURE:

FILED