

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90066 017 ****61.25

DOCUMENT # N99000005880

1. Entity Name

AMVETS POST #28 OF HERNANDO COUNTY, FLORIDA



Principal Place of Business

P.O. BOX 15242
BROOKSVILLE FL 34604

Mailing Address

11100 LYNDEN DR
SPRING HILL FL 34609

2. Principal Place of Business

3. Mailing Address

11100 LINDEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SPRING HILL FL

Zip

Country

Zip
34609

Country

HERNANDO

4. FEI Number

59-3495301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JAMES
11100 LYNDON DR
SPRING HILL FL 34609

Name
JAMES JOHNSON

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

11100 LINDEN DR

City
SPRING HILL

FL

Zip Code
34609

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.

SIGNATURE

JAMES JOHNSON COMMANDER James Johnson

DATE

1-25-05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
WEIR, JAMES
P.O. BOX 1937
LAND O LAKES FL 34639 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COMMANDER
JAMES JOHNSON
11100 LINDEN DR
SPRING HILL FL 34609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
REEBY, R. WAYNE
2509 AYERSWOOD DR.
SPRING HILL FL 34609 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE COMMANDER
ALONSO BEAMOD
12174 BLANCY LANE
SPRING HILL FL 34609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
HANNA, ARVID G
8501 FLEET WAY
BROOKSVILLE FL 34613 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FINANCE OFFICER
JANET PARKER
9007 SPRING HILL DR
SPRING HILL FL 34609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
SVEC, MARK
2339 TERRACE VIEW LANE
SPRING HILL FL 34606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
RUGGERIO, JOHN
4477 DASTON ST
SPRING HILL FL 34613 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 attachment with an address, with another like empowered.

SIGNATURE:

JAMES JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 352-683-3871

Date

Daytime Phone #