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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031982 (6)

1. Corporation Name
AMVETS POST 24 PORT ST LUCIE, INC.



Principal Place of Business
766 SE ESSEX DRIVE
PORT ST LUCIE FL 34984

Mailing Address
766 SE ESSEX DRIVE
PORT ST LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0716309

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CRUZ, ROBERT
766 SE ESSEX DRIVE
PORT ST LUCIE FL 34984

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 D
NAME CRUZ, ROBERT
STREET ADDRESS 766 SE ESSEX DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34984 ☐ DELETE

TITLE D
NAME STOLTZ, FRED
STREET ADDRESS 3296 COLUMBRINA CIRCLE
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ DELETE

TITLE D
NAME BALCOM, CHARLES
STREET ADDRESS 8451 FLORENCE DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ADJUTANT
NAME JOHN SCHUMACHER
STREET ADDRESS PO BOX 13201
CITY-ST-ZIP FT. PIERCE, FL 34979 3201 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COMMANDER ☐ Change ☐ Addition
1.2 NAME 766 SE ESSEX DR.
1.3 STREET ADDRESS PORT ST LUCIE, FL 34984

2.1 TITLE FIRST VICE COMMANDER ☐ Change ☐ Addition
2.2 NAME 3296 COLUMBRINA CIR
2.3 STREET ADDRESS PORT ST LUCIE FL 34952

3.1 TITLE JOHN SCHUMACHER ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS PO BOX 13201
3.4 CITY-ST-ZIP FT. PIERCE, FL 34979-3201

4.1 TITLE 800002496118 ☐ Change ☐ Addition
4.2 NAME -04/22/98--01019--022
4.3 STREET ADDRESS ***150.00

5.1 TITLE ADJUTANT ☒ Change ☐ Addition
5.2 NAME PO BOX 13201
5.3 STREET ADDRESS FT. PIERCE, FL 34979-3201

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE Robert Cruz Robert Cruz 766 SE Essex Dr Port St Lucie FL 34984

CR2E034 (10/97)