

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N 95000000354**

1. Corporation Name

AMVETS Post 92 INC

Principal Place of Business

2087 NE DIXIE HWY  
JENSEN BEACH FL  
34957

Mailing Address

PO BOX 2272  
JENSEN BEACH FL  
34958

2. Principal Place of Business

21 2087 NE DIXIE HWY

2a. Mailing Address

26 P.O. BOX 2272

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JENSEN BEACH FLA

City & State

28 JENSEN BEACH FLA

Zip

Country

24 34957

25 MARTIN

Zip

29 34958

Country

30 MARTIN

9. Name and Address of Current Registered Agent

PETER PHOENIX  
2087 NE DIXIE HWY  
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified

1-23-95

3a. Date of Last Report

1-23-95

4. FEI Number

65-0557543

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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	D	COMMANDER	<input type="checkbox"/> DELETE
NAME		PETER PHOENIX	
STREET ADDRESS		2423 NE PALM AVE #35	
CITY-ST-ZIP		JENSEN BEACH FL 34957	
TITLE	D	1ST VICE COMMANDER	<input type="checkbox"/> DELETE
NAME		PAUL PRICE	
STREET ADDRESS		5105 S.E. MANATEE	
CITY-ST-ZIP		STUART FLA. 34997	
TITLE	D	FINANCE OFFICER	<input type="checkbox"/> DELETE
NAME		DAVID J. BRITTAS	
STREET ADDRESS		7589 S.E. HULL WAY	
CITY-ST-ZIP		HOBE SOUND FL 33455	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *David J. Brittas* 407  
Date: 4-28-96 334-8407

CR2E037 (12/95)