

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000000354 (9)

1. Corporation Name
AMVETS POST 92, INC.



Principal Place of Business: 2087 N.E. DIXIE HIGHWAY, JENSEN BEACH FL 34957
Mailing Address: 2087 N.E. DIXIE HIGHWAY, JENSEN BEACH FL 34957-6454

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0557543
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

9. Name and Address of Current Registered Agent
PHOENIX, PETER R
2087 N.E. DIXIE HIGHWAY
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PHOENIX, PETER R
STREET ADDRESS	2423 N.E. PALM AVENUE #35
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PRICE, PAUL
STREET ADDRESS	5165 SE MANATEE
CITY-ST-ZIP	STUART FL 34997
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GRIFFITHS, DAVID J.
STREET ADDRESS	7589 SE HULL WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	Bar Manager <input type="checkbox"/> DELETE
NAME	Clara Darris
STREET ADDRESS	1262 NE Frances St
CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	Trustee <input type="checkbox"/> DELETE
NAME	FRANK L. PIAZZA
STREET ADDRESS	2492 Alfonso Av
CITY-ST-ZIP	Port St Lucie FL 34952
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAM J. MCHUGH
STREET ADDRESS	2410 N.E. RUSTIC WAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAYMOND A. HARTER
1.3 STREET ADDRESS	1113 N.E. BERNARD ST.
1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
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	

14. I do 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.

SIGNATURE: Clara Darris REQUIRED

Date: 1-22-97 Daytime Phone # 0071150

CR2E037 (9/96)