


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

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90054 050 ****61.25

DOCUMENT # N95000000354

1. Entity Name
AMVETS POST 92, INC.



Principal Place of Business
**2087 N.E. DIXIE HIGHWAY
 JENSEN BEACH FL 34957**

Mailing Address
**PO BOX 2272
 JENSEN BEACH FL 34958**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



MOORE CR2E037 (11/03)

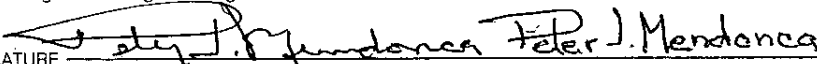
4. FEI Number **65-0557543** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PIERANDOZZI, DANTE
 22 ALMOND DR
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent
 Name **Peter J. Mendonca**
 Street Address (P.O. Box Number is Not Acceptable) **2087 N.E. Dixie Hwy**
 City **Jensen Bch.** FL Zip Code **34957**

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  **Peter J. Mendonca** DATE **March, 27, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PIERANDOZZI, DANTE <input checked="" type="checkbox"/> Delete 22 ALMOND DR JENSEN BEACH FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V <input checked="" type="checkbox"/> Delete DELANGIS, EDGAR 2220 S E GASLIGHT ST PT ST LUCIE FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V <input checked="" type="checkbox"/> Delete MURPHY, JAMES 10600 S OCEAN DR JENSEN BEACH FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Comm. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peter J. Mendonca 2087 N.E. Dixie Hwy Jensen Bch. FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Judge Advocate Robert Waynes 2210 N.W. Sunset Blvd. Jensen Bch. FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAROLD D. BISADD 1239 N.E. OLIVE ST JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:  **Peter J. Mendonca** Date **3/27/04** Daytime Phone # **772-334-8407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR