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 # 716869 (3)

1. Corporation Name

DELAND AMERICAN LEGION POST NUMBER SIX, INC.

Principal Place of Business	Mailing Address
214 W. NEW YORK AVENUE DELAND FL 32720	214 W. NEW YORK AVENUE DELAND FL 32720

3. Date Incorporated or Qualified: 07/14/1969

3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1301809 ☐ 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

9. Name and Address of Current Registered Agent

NERGE, HERBERT N.
2631 PALM TERRACE
DELAND FL 32720

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	NERGE, HEERBERT N.		12 NAME	RUST, HOLGER	
STREET ADDRESS	2631 PALM TERRACE		13 STREET ADDRESS	1274 HICKORY LANE	
CITY-ST-ZIP	DELAND FL		14 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SANDCHEZ RAOUL A		22 NAME		
STREET ADDRESS	611 LAISY DR		23 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		24 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	31 TITLE	VD	☒ Change ☐ Addition
NAME	RUST, HOLGER		32 NAME	WALSH, JOHN	
STREET ADDRESS	1274 HICKORY LANE		33 STREET ADDRESS	185 CYPRESS POINT S.	
CITY-ST-ZIP	DELAND FL		34 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	☒ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	SULLIVAN, MALCOLM F.		42 NAME	KILKENNY, ROBERT	
STREET ADDRESS	819 W. WISCONSIN AVE.		43 STREET ADDRESS	1602 BREAM DRIVE	
CITY-ST-ZIP	DELAND FL		44 CITY-ST-ZIP	SEVILLE, FL 32190	
TITLE	TD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	PAIGE, LEONA A.		52 NAME		
STREET ADDRESS	1408 N. ALABAMA AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	HARNDEN, BARBARA		62 NAME	SIMONEAU, ROLAND A.	
STREET ADDRESS	58 S. UNIVERSITY CIRCLE		63 STREET ADDRESS	665 PLEASANT RUN DRIVE	
CITY-ST-ZIP	DELAND FL		64 CITY-ST-ZIP	DELAND, FL 32724	

CR2E037 (12/95)

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: Holger Rust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HOLGER RUST