FILE NOW: FILING FEE IS $61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-1301809 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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	1.1 TITLE		☐ Change ☐ Addition
NAME	RUST, HOLGE		1.2 NAME	RUST, HOLGER	
STREET ADDRESS	1274 HICKORY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHOLL, GEROGE F		2.2 NAME		
STREET ADDRESS	P.O. BOX 568 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, JOHN		3.2 NAME		
STREET ADDRESS	185 CYPRESS POINT S		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KILKENNY, ROBERT		4.2 NAME		
STREET ADDRESS	1602 BREAM DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEVILLE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAIGE, LEONA A.		5.2 NAME		
STREET ADDRESS	1408 N. ALABAMA AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMONEAU, ROLAND A		6.2 NAME		
STREET ADDRESS	665 PLEASANT RUN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 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 HOLGER RUST 3/25/98 904/736/1377