2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 716869

1. Entity 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

DO NOT WRITE IN THIS SPACE

04072004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

NERGE, HERBERT N.
2631 PALM TERRACE
DELAND, FL 32720

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000110660
04/12/04-80092-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TENNANT, DARWIN D
STREET ADDRESS	2680 ALHAMBRA AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	SD
NAME	NERGE, HERBERT N
STREET ADDRESS	2631 PALM TERRACE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	ANDREWS, JOHN
STREET ADDRESS	2669 GRACIE DR.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	TD
NAME	PAIGE, LEONA A.
STREET ADDRESS	1408 N. ALABAMA AVE.
CITY-ST-ZIP	DELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Darwin Dale Tennant 4/9/04 (386) 740-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #