2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 18, 2005 **DOCUMENT#716869** Secretary of State

Entity Name: DELAND AMERICAN LEGION POST NUMBER SIX, INC.

Current Principal Place of Business: New Principal Place of Business:

214 W. NEW YORK AVENUE 1087 BISCAYNE BLVD. DELAND, FL 32720 DELAND, FL 32724

Current Mailing Address: New Mailing Address:

214 W. NEW YORK AVENUE 1087 BISCAYNE BLVD DELAND, FL 32720 DELAND, FL 32724 US

FEI Number: 59-1301809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NERGE, HERBERT N. CLARK, FRANCIS J 2631 PALM TERRACE 127 BLAKE ST. DELAND, FL 32720 PIERSON, FL 32180 US

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.

SIGNATURE: FRANCIS J. CLARK 08/18/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TENNANT, DARWIN D CLARK, FRANCIS J Name: Name:

2680 ALHAMBRA AVE. Address: 127 BLAKE ST. Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: PIERSON, FL 32180

Title: SD () Delete Title: SD (X) Change () Addition NERGE, HERBERT N Name: Name: WOODS, HARRY Address:

2631 PALM TERRACE Address: 44752 LAKE MACK DR. City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720

Title: () Delete Title: (X) Change () Addition ANDREWS, JOHN Name:

RUST, HOLGER Name: 2669 GRACIE DR. Address: Address: 1274 HICKORY LANE City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724

Title: TD () Delete Title: (X) Change () Addition

Name: PAIGE, LEONA A., Name: PAIGE, LEONA A Address: 1408 N. ALABAMA AVE. Address: 1408 N. ALABAMA AVE. City-St-Zip: DELAND, FL City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS J. CLARK PD 08/18/2005