

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716869

FILED
Apr 05, 2006
Secretary of State

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

Current Principal Place of Business:

1087 BISCAYNE BLVD.
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

1087 BISCAYNE BLVD
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-1301809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, FRANCIS J
127 BLAKE ST.
PIERSON, FL 32180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, FRANCIS J
Address: 127 BLAKE ST.
City-St-Zip: PIERSON, FL 32180

Title: SD () Delete
Name: WOODS, HARRY
Address: 44752 LAKE MACK DR.
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: RUST, HOLGER
Address: 1274 HICKORY LANE
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: PAIGE, LEONA A
Address: 1408 N. ALABAMA AVE.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RUST, HOLGER
Address: 1274 HICKORY LANE
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: CORNING, DAVID L
Address: 215 ROBINHOOD DR.
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/05/2006

Electronic Signature of Signing Officer or Director

Date