

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 # N25769

1. Corporation Name

AMVETS Post 178

Principal Place of Business

Mailing Address

4776 U.S. Hwy 90 West

same

DeFuniak Springs, FL., 32433

000001858080

-06/11/96--01100--001

***70.00

3. Date Incorporated or Qualified

31 Mar 88

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 DeFuniak Springs, FL.

26 4776 US Hwy 90W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

USA

29

30

USA

9. Name and Address of Current Registered Agent

VERLIN W. BABB

10. Name and Address of New Registered Agent

81 Name

Verlin W. BABB

82 Street Address

95 Widner Circle

83 City

DeFuniak Springs

84 Zip

32433

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 Verlin W. Babb, Judge Advocate

22 May 96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

Commander

☒ Change

☐ Addition

1.2 NAME

DAVIS, Charles E.

1.3 STREET ADDRESS

61 Vandenheide Blvd

1.4 CITY-ST-ZIP

DeFuniak Springs FL., 32433

2.1 TITLE

D

1st Vice Commander

☒ Change

☐ Addition

2.2 NAME

NELSON, Genald L

2.3 STREET ADDRESS

946 Spring Lake Rd

2.4 CITY-ST-ZIP

DeFuniak Springs FL., 32433

3.1 TITLE

D

2nd Vice Commander

☒ Change

☐ Addition

3.2 NAME

Mason, Billy

3.3 STREET ADDRESS

336 Bell Dr

3.4 CITY-ST-ZIP

DeFuniak Springs, FL., 32433

4.1 TITLE

D

Finance Officer

☒ Change

☐ Addition

4.2 NAME

COOPER, Huguette J

4.3 STREET ADDRESS

1163 Milland Gainey Rd

4.4 CITY-ST-ZIP

DeFuniak Springs, FL., 32433

5.1 TITLE

D

Adjutant

☒ Change

☐ Addition

5.2 NAME

McCullough, Kenneth W.

5.3 STREET ADDRESS

1711 E. Nelson Ave

5.4 CITY-ST-ZIP

DeFuniak Springs, FL., 32433

6.1 TITLE

D

Judge Advocate

☒ Change

☐ Addition

6.2 NAME

BABB, Verlin W

6.3 STREET ADDRESS

95 Widner Circle

6.4 CITY-ST-ZIP

DeFuniak Springs, FL., 32433

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for a charitable deduction under Section 501(c)(3)(A) of the Internal Revenue Code. 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: Verlin W Babb

22 May 96 904 892-6402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)