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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25769 (3)

1. Corporation Name
AMVETS POST 178, INC.

Principal Place of Business 4776 U.S. HWY 90 WEST DEFUNIAK SPRINGS FL 32433	Mailing Address 4776 U.S. HWY 90 WEST DEFUNIAK SPRINGS FL 32433-9666
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2. Principal Place of Business 21 Suite, Apt. #, etc. SAME 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. SAME 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/06/1988	3a. Date of Last Report 06/10/1996
4. FEI Number 59-2890529	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BABB, VERLIN W
95 WIDNER CR
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

81 Name **SAME**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CHARLES E	1.2 NAME	
STREET ADDRESS	61 VANDERHEIDE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	1.4 CITY - ST - ZIP	
TITLE	D COMMANDER ☐ DELETE	2.1 TITLE	1st VICE COMMANDER ☐ Change ☐ Addition
NAME	NELSON, GERALD	2.2 NAME	CARL W. COSSON
STREET ADDRESS	946 SPRING LAKE DR	2.3 STREET ADDRESS	295 UNDERWOOD BLVD
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	2.4 CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D ☒ DELETE	3.1 TITLE	2nd VICE COMMANDER ☐ Change ☐ Addition
NAME	MASON, BILLY	3.2 NAME	GILBERT C. MOORE
STREET ADDRESS	336 BELL DR	3.3 STREET ADDRESS	200 LANCELOT RD
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	3.4 CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D FINANCE OFFICER ☐ DELETE	4.1 TITLE	ADJUTANT ☐ Change ☐ Addition
NAME	COOPER, HUGUETTE J	4.2 NAME	GENE GUSTIN
STREET ADDRESS	1163 MILLARD GAINES RD	4.3 STREET ADDRESS	1067 MILLARD GAINES RD
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	4.4 CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MC CULLOUGH, KENNETH W	5.2 NAME	
STREET ADDRESS	1711 E. NELSON AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	5.4 CITY - ST - ZIP	
TITLE	D JUDGE ADVOCATE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BABB, VERLIN W	6.2 NAME	
STREET ADDRESS	95 WIDNER CIRCLE	6.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	6.4 CITY - ST - ZIP	

14. I do 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: Huguette J. Cooper **FINANCE OFFICER** 14 Jan 97 904-8920327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010037

CR2E037 (9/96)