FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90132 036 ****70.00

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DOCUMENT # **N25769**

1. Corporation Name
AMVETS POST 178, INC.

Principal Place of Business	Mailing Address
4776 U.S. HWY 90 WEST DEFUNIAK SPRINGS FL 32433	4776 U.S. HWY 90 WEST DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/06/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2890529 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: CARL W. COSSON
82 Street Address (P.O. Box Number is Not Acceptable): 4776 US HWY 90 WEST
83
84 City: DEFUNIAK SPRINGS FL 85 Zip Code: 32433

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: CARL W. COSSON - COMMANDER Carl W Cosson 1-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☑ DELETE	1.1 TITLE	VC	☑ Change ☑ Addition
NAME	COSSON, CARL W		1.2 NAME	GREGG A. MAIERLE	
STREET ADDRESS	295 UNDERWOOD BLVD		1.3 STREET ADDRESS	260 E ROBERTS RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		1.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, GERALD		2.2 NAME		
STREET ADDRESS	946 SPRING LAKE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		2.4 CITY-ST-ZIP		
TITLE	VC	☑ DELETE	3.1 TITLE	VC	☑ Change ☑ Addition
NAME	MOORE, GILBERT C		3.2 NAME	TIMOTHY DAUGHTERY	
STREET ADDRESS	200 LANCELOT RD		3.3 STREET ADDRESS	200 LANCELOT RD.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		3.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	T	☑ DELETE	4.1 TITLE	T	☑ Change ☑ Addition
NAME	COOPER, HUGUETTE J		4.2 NAME	RONALD B. ALLISON	
STREET ADDRESS	1163 MILLARD GAINEY RD		4.3 STREET ADDRESS	17 HEATHER AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		4.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUSTIN, GENE		5.2 NAME		
STREET ADDRESS	1069 MILLARD GAINEY RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☑ Addition
NAME	BABB, VERLIN W		6.2 NAME	CARL W COSSON	
STREET ADDRESS	95 WIDNER CIRCLE		6.3 STREET ADDRESS	295 UNDERWOOD BLVD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		6.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Carl W Cosson **SIGNATURE REQUIRED** 1-4-99 850-892-7986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #