2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 11, 2000 8:00 am
Secretary of State
03-31-2000 90038 050 ****70.00

DOCUMENT # N25769

1. Entity 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 32433-6746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2890529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSSON, CARL W 4776 US HWY 90 WEST DEFUNIAK SPRINGS FL 32433	Name David Combs / Marty Carpenter Street Address (P.O. Box Number is Not Acceptable) 227 Holland Rd. / 117 Larkspur Hwy. City DeFuniak Sp FL Zip Code 32433

8. 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 Marty Carpenter Marty Carpenter 3/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MAIERLE, GREGG A 260 E ROBERTS RD DEFUNIAK SPRINGS FL 32433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER CARROLL PENNEWELL 14 PINE HILL DR. DEFUNIAK SPGS FL 32433	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, GERALD 946 SPRING LAKE DR DEFUNIAK SPRINGS FL 32433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VICE DAVID COMBS 227 HOLLAND RD DEFUNIAK SPGS FL 32433	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC DAUGHTERY, TIMOTHY 200 LANCELOT RD DEFUNIAK SPRINGS FL 32433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUDGE ADVOCATE RICHARD MORELAND 135 O' DANIELS WAY DEFUNIAK SPGS FL 32433	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLISON, RONALD B 17 HEATHER AVE DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUSTIN, GENE 1069 MILLARD GAINEY RD DEFUNIAK SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSSON, CARL W 295 LUNDERWOOD BLVD DEFUNIAK SPRINGS FL 32433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCE OFFICER MARTY CARPENTER 117 LARKSPUR DEFUNIAK SPGS FL 32433	☑ Change ☐ Addition D

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CARROLL PENNEWELL 3/27/00 892-4594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #