2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90036 029 ****70.16

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4776 US Hwy 90 West	Same as # 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeFuniak Springs FL	City & State
Zip: 32433 Country: USA	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
NELSON, GERALD 946 SPRING LAKE DRIVE DEFUNIAK SPRINGS FL 32433	Name: Same as # 6 Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Gerald Nelson 01-15-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	DC NELSON, GERALD 946 SPRING LAKE DRIVE DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D1VP EDMONDS, GEORGE 3444 KING LAKE ROAD DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D2VP GUSTIN, GENE 1067 MILALRD GAINEY ROAD DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DFO CARPENTER, MARTY 117 LARK SPUR DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTC GRAY, TOMMY 3440 US HIGHWAY 90W DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTVC BROWN, JIMMY 800 DR NELSON ROAD DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Gerald Nelson SIGNATURE REQUIRED 01-15-02 (850) 892-1047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #