2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# N25769

Entity Name: AMVETS POST 178, INC.

Current Principal Place of Business:

4776 U.S. HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

4776 U.S. HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 59-2890529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIDER, DONALD R SR
124 VAN GOGH CT
DEFUNIAK SPRINGS, FL 32433

Name and Address of New Registered Agent:

KING, PATRICIA
79 JIM LEE ROAD
DEFUNIAK SPRINGS, FL 32433

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: PATRICIA KING 01/19/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: CIDER, DONALD R SR
Address: 124 VAN GOGH ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D1VP ( ) Delete
Name: KING, PATRICIA
Address: 79 JIM LEE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D2VP ( ) Delete
Name: GUSTIN, GENE
Address: 1067 MILALRD GAINEY ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DFO (X) Delete
Name: COOPER, HUGUETTE J
Address: 1163 MILLARD GAINEY RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TTC ( ) Delete
Name: GRAY, TOMMY
Address: 3440 US HIGHWAY 90W
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TTVC ( ) Delete
Name: CARPENTER, MARTY
Address: 112 W LARK SPUR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: KING, PATRICIA
Address: 79 JIM LEE ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D1VP (X) Change ( ) Addition
Name: NELSON, GERALD
Address: 946 SPRING LAKE ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D2VP (X) Change ( ) Addition
Name: GUSTIN, GENE
Address: 1067 MILLARD GAINEY ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA KING DC 01/19/2004
Electronic Signature of Signing Officer or Director Date