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Mar 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004352 (9)

1. Corporation Name
DELAND AMVETS POST 13, INC.

Principal Place of Business
330 N SUMMIT AVE
LAKE HELEN FL 32744

Mailing Address
Amvets Post #13
P.O. Box 132
Deland, FL
32720

3. Date Incorporated or Qualified: 09/08/1995

4. FEI Number: 59-3334943 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
21	26 AMUETS POST 13		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 132	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28 DELAND FL.	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
Zip 24 / Country 25	Zip 29 32720 / Country 30 VOLUSIA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

WHEATON, DAVID A
330 N SUMMIT AVE
LAKE HELEN FL 32744

Thomas GiBBons
639 WEST MAY ST.
DELAND FL. 32721

10. Name and Address of New Registered Agent

81 Name: Thomas GiBBons
82 Street Address (P.O. Box Number is Not Acceptable): 639 WEST MAY ST
83
84 City: DELAND FL 85 Zip Code: 32721

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: Thomas GiBBons Comm Jack Zakresky 3/25/98
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	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEATON, DAVID A		1.2 NAME	
STREET ADDRESS	330 N SUMMIT AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL 32744		1.4 CITY-ST-ZIP	
TITLE	D1VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLGER, RUST.		2.2 NAME	
STREET ADDRESS	1274 HICKORY		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724		2.4 CITY-ST-ZIP	
TITLE	D2VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZAKRESKY, JACK		3.2 NAME	
STREET ADDRESS	PO BOX 485--N/A		3.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL 32767		3.4 CITY-ST-ZIP	
TITLE	COMMANDER	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Thomas GiBBons		4.2 NAME	
STREET ADDRESS	639 W. MAY ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL. 32720		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Thomas GiBBons 3/25/98 904 738-0848