FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N95000004352

1. Corporation Name DELAND
Amvets Post #13

Principal Place of Business	Mailing Address
Meeting V.F.W 2380 4th Monday of Each Month DeLand FL.	639 West May St DeLand FL

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 V F.WPost 2380	26 639West May st	3-4-98
Suite, Apt. #, etc. 22 P O Box 1146	Suite, Apt. #, etc. 27	4. FEI Number N95000004352 ☐ Applied For ☐ Not Applicable
City & State 23 DeLand FL	City & State 28 DeLand Fl	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 32720 Country 25 Volusia	Zip 29 32720 Country 30 Volusia	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Thomas Gibbons
639 Weat May ST
DeLand FL. 32720

10. Name and Address of New Registered Agent

81 Name THOMAS GIBBONS
82 Street Address (P.O. Box Number is Not Acceptable) 639 W- MAY ST.
83
84 City DELAND FL 85 Zip Code 32720

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 Vice Commander Thomas Gibbons 2/13/99
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Commander Dave Wheaton D 330 N.Summit Ave Lake Helen FL 32744 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Provast Marshal Silvio Spiconardi (D) 134 RT 17-92 Debary FL 32713 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Commander Thomas Gibbons D 639 w.May st DeLand FL 32720 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	400002831264--9 -04/06/99--01084--020 ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Commander For Programs Daniel Houlihan D 2981 n Shell RD. Deland FL 32720 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	400002831264--9 -04/06/99--01084--021 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chaplin Stanley Faibisy D 708 W Oak Dail AV. DeLand FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Finance Officer Jack Zakresky D P O box 485 Paisley F.L 32767 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Judge Advocate Holger Rust D 1274 Hickory Lane DeLand FL 32720 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas Gibbons Thomas Gibbons 2/13/99 904 738-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #