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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -6 PM 12:19

DOCUMENT # 703698 (1)

1. Corporation Name

HERBERT D. GIBB POST NO. 259, THE AMERICAN LEGIO ION, DEBARY, FLORIDA, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 1107 SHADICK DRIVE<br>P.O. BOX 613<br>ORANGE CITY FL 32774-7613 | PO BOX 740613<br>ORANGE CITY FL 32774-0613<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6140737 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

GARCIA, ALBERT
2737 RYAN LN.
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Albert Garcia — Albert Garcia — DATE: 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | O ☐ Change ☒ Addition |
| NAME | LEIPERT, RICHARD P. | 1.2 NAME | HANNE George |
| STREET ADDRESS | 2610 SHEFFIELD DR. | 1.3 STREET ADDRESS | 420 E LANdaWNE AVE. |
| CITY-ST-ZIP | DELTONA FL 32738 | 1.4 CITY-ST-ZIP | ORANGE City FL. 32763 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, LLOYD | 2.2 NAME | |
| STREET ADDRESS | 227 E HIGHBANKS RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEBARRY FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILKINS, LAWRENCE S | 3.2 NAME | |
| STREET ADDRESS | 67 W HIGHBANKS RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEBARRY FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | O ☐ Change ☒ Addition |
| NAME | SIMMONS, ROBERT A. J | 4.2 NAME | GL. BOMARdNer |
| STREET ADDRESS | 2578 HAULOVER BLVD | 4.3 STREET ADDRESS | 875 SAXON BLVd. |
| CITY-ST-ZIP | DELTONA FL | 4.4 CITY-ST-ZIP | DeltONA FL 32725 |
| TITLE | VD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GARCIA, ALBERT | 5.2 NAME | |
| STREET ADDRESS | 2737 RYAN LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELTONA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | CONRAD, WALTER | 6.2 NAME | |
| STREET ADDRESS | 1953 VIENNA AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELTONA FL 32725 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Albert Garcia — Albert Garcia — 1-18-95 — (941) 775 1726
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000288