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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703698** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**1107 SHADICK DRIVE
P.O. BOX 613
ORANGE CITY FL 32774-7613**

**PO BOX 740613
ORANGE CITY FL 32774-0613
US**



3. Date Incorporated or Qualified
03/09/1962

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, A. ALBERT
2737 RYAN LN.
DELTONA FL 32738**

81 Name

Saari, Paul T.

82 Street Address (P.O. Box Number is Not Acceptable)

105 Megan Court

83

84 City

Orange City

FL

85 Zip Code
32763-5057

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 Paul T. Saari

Paul T. Saari

7 January 1997

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	D	<input checked="" type="checkbox"/> DELETE
NAME	LEIPERT, RICHARD P.	
STREET ADDRESS	2810 SHEFFIELD DR.	
CITY-ST-ZIP	DELTONA FL 32738	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fulton, Melvin	
1.3 STREET ADDRESS	590 Sandy Pines Drive	
1.4 CITY-ST-ZIP	Orange City, FL 32763-6584	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, LLOYD	
STREET ADDRESS	227 E HIGHBANKS RD	
CITY-ST-ZIP	DEBARRY FL	

2.1 TITLE	XX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DeBary, FL 32713-2612	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKINS, LAWRENCE S	
STREET ADDRESS	67 W HIGHBANKS RD	
CITY-ST-ZIP	DEBARRY FL	

3.1 TITLE	XX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DeBary, FL 32713-2860	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	FO	<input type="checkbox"/> DELETE
NAME	SAYLOR, RONALD	
STREET ADDRESS	361 W DIXSON ST VD	
CITY-ST-ZIP	ORANGE CITY FL 32763-5857	

4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	361 W Dixson ST	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> DELETE
NAME	GARCIA, ALBERT	
STREET ADDRESS	2737 RYAN LANE	
CITY-ST-ZIP	DELTONA FL	

5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Deltona, FL 32738-6886	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUMGARDNER, E.L.	
STREET ADDRESS	885 SAXON BLVD	
CITY-ST-ZIP	DELTONA FL 32725	

6.1 TITLE	XX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Deltona, FL 32725-7646	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 unchanged, or on an attachment with an address.

904-775-1776

SIGNATURE: Ronald L. Saylor **Ronald L. Saylor**

7 January 1997

904-775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0014771**

CR2E037 (9/96)