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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number

59-6140737

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAARI, PAUL T
105 MEGAN COURT
ORANGE CITY FL 32763

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 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 Commander**

31 December 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

T
FULTON, MELVIN
590 SANDY PINES DRIVE
ORANGE CITY FL

D
BROWN, LLOYD
227 E HIGHBANKS RD
DEBARY FL

D
WILKINS, LAWRENCE S
67 W HIGHBANKS RD
DEBARY FL

ST
SAYLOR, RONALD
361 W DIXSON ST
ORANGE CITY FL

V
GARCIA, ALBERT
2737 RYAN LANE
DELTONA FL

D
BUMGARDNER, E.L.
895 SAXON BLVD
DELTONA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Ronald Saylor** Adjutant/Finance Officer

31 December 1997

CR2E037 (10/97)