

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 703698

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

PO BOX 740613
ORANGE CITY FL 32774-0613
US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6140737	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		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
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

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	T	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULTON, MELVIN	1.2 NAME	Saari, Paul T
STREET ADDRESS	590 SANDY PINES DRIVE	1.3 STREET ADDRESS	105 Megan Court
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, LLOYD	2.2 NAME	Kleibuk, Joseph
STREET ADDRESS	227 E HIGHBANKS RD	2.3 STREET ADDRESS	1743 W. Chapel Drive
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	Deltona, FL
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINS, LAWRENCE S	3.2 NAME	KOPHAMEL, FRED
STREET ADDRESS	67 W HIGHBANKS RD	3.3 STREET ADDRESS	103 WESTLAKE DRIVE
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	ORANGE CITY, FL
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYLOR, RONALD	4.2 NAME	RUSSELL, DAVE
STREET ADDRESS	361 W DIXON ST	4.3 STREET ADDRESS	561 PERRY STREET
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	ORANGE CITY, FL
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ALBERT	5.2 NAME	SAYLOR, RONALD
STREET ADDRESS	2737 RYAN LANE	5.3 STREET ADDRESS	361 W. DIXON STREET
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	ORANGE CITY, FL
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUMGARDNER, E.L.	6.2 NAME	ZELLINGER, JOHN
STREET ADDRESS	895 SAXON BLVD	6.3 STREET ADDRESS	2359 MONTANO STREET
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP	DELTONA, FL

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:

Paul T. Saari
PAUL T. SAARI

6-29-99 904-715-1976

Date Daytime Phone #

CR2E037 (5/99)