
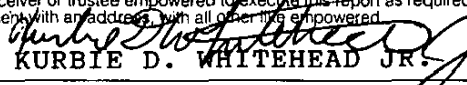


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90026 024 ****61.25

DOCUMENT # 703698 1. Entity Name HERBERT D. GIBB POST NO. 259, THE AMERICAN LEGION, DEBARY, FLORIDA, INCORPORATED					
Principal Place of Business 470 SUMMERHAVE DR. DEBARY, FL 32713			Mailing Address PO BOX 740613 ORANGE CITY, FL 32774-0613 US		
2. Principal Place of Business 470 Summerhaven Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01092006 Chg-NP CR2E037 (11/05)	
City & State DeBary, FL		City & State		4. FEI Number 59-6140737	
Zip 32713		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAARI, PAUL T 105 MEGAN COURT ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAARI, PAUL 105 MEGAN COURT ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHADICK, RAYMOND 730 BISCAYNE AVE. ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S WHITEHEAD, KURBIE 1200 1ST STREET ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGARD, PETER 570 CYPRESS AVE. ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN BUREN, DAVID 1420 ELKCAM BLVD DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, AOHN 2550 EUSTACE AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, DAVE 561 PERRY STREET ORANGE CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, ROY 333 E BERESFORD AVE DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.					
SIGNATURE:  KURBIE D. WHITEHEAD JR.				1 JAN 06 (386)917-0607	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	