


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 703698 |  |
| 1. Entity Name HERBERT D. GIBB POST NO. 259, THE AMERICAN LEGION, DEBARY, FLORIDA, INCORPORATED | |

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|---|---|
| Principal Place of Business 470 SUMMERHAVEN DR. DEBARY FL 32713 | Mailing Address PO BOX 740613 ORANGE CITY FL 32774-0613 US |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|-------------------------------|
| 1st MOORE | CR2E037 (10/07) |
| 4. FEI Number 59-6140737 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent SAARI, PAUL T 105 MEGAN COURT ORANGE CITY FL 32763 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |
| FL | |

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 _____ DATE _____

Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| T SAARI, PAUL 105 MEGAN COVER ORANGE CITY FL 32763 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| S SCHEFF, JOSEPH J II 2378 SALEM DRIVE DELTONA FL 32738 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D WINGARD, PETER 570 CYPRESS AVE. ORANGE CITY FL 32763 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| P MURPHY, JOHN 2550 EUSTACE AVE DELTONA FL 32725 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| V RUSSELL, DAVE 561 PERRY STREET ORANGE CITY FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D RAY, ROY 333 E BERESFORD AVE DELAND FL 32724 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
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| | |
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| | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| 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 Section 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 like empowered.

SIGNATURE: *Paul T. Saari* *1/26/8 386-753-1492*