

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703698

FILED
Feb 04, 2009
Secretary of State

Entity Name: HERBERT D. GIBB POST NO. 259, THE AMERICAN LEGIOION, DEBARY, FLORIDA,
INCORPORATED

Current Principal Place of Business:

470 SUMMERHAVEN DR.
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

PO BOX 740613
ORANGE CITY, FL 327740613 US

New Mailing Address:

FEI Number: 59-6140737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAARI, PAUL T
105 MEGAN COURT
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SAARI, PAUL
Address: 105 MEGAN COVER
City-St-Zip: ORANGE CITY, FL 32763

Title: S () Delete
Name: SCHEFF, JOSEPH J II
Address: 2378 SALEM DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: WINGARD, PETER
Address: 570 CYPRESS AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: P () Delete
Name: MURPHY, JOHN
Address: 2550 EUSTACE AVE
City-St-Zip: DELTONA, FL 32725

Title: V () Delete
Name: RUSSELL, DAVE
Address: 561 PERRY STREET
City-St-Zip: ORANGE CITY, FL

Title: D () Delete
Name: RAY, ROY
Address: 333 E BERESFORD AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: RUSSELL, DAVE
Address: 561 PERRY STREET
City-St-Zip: ORANGE CITY, FL 32663

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL T SAARI

T

02/04/2009

Electronic Signature of Signing Officer or Director

Date