

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 03, 2008**  
**Secretary of State**

DOCUMENT# N25769

**Entity Name:** AMVETS POST 178, INC.**Current Principal Place of Business:**4776 U.S. HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433**New Principal Place of Business:****Current Mailing Address:**4776 U.S. HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32433**New Mailing Address:****FEI Number:** 59-2890529**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GUSTIN, GENE COMMANDER  
1067 MILLARD GAINEY RD  
DEFUNIAK SPRINGS, FL 32435 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:** COM ( ) Delete  
**Name:** GUSTIN, GENE  
**Address:** 1067 MILLARD GAINEY RD  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32435**Title:** 1VP ( ) Delete  
**Name:** MILLER, JOHN  
**Address:** 114 S. MAYLILY CT  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433**Title:** 2VP ( ) Delete  
**Name:** CLEAR, DON  
**Address:** 124 CANGOEH CT  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433**Title:** FIN. ( ) Delete  
**Name:** RAMOS, ELLEN  
**Address:** 4607 BOBOLINK WAY  
**City-St-Zip:** CRESTVIEW, FL 32539**Title:** JA ( ) Delete  
**Name:** ELLIOTT, PAUL  
**Address:** 4776 U.S. 90 W.  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433**Title:** TTVC ( ) Delete  
**Name:** CARPENTER, MARTY  
**Address:** 112 W LARK SPUR  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433**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:** JA (X) Change ( ) Addition  
**Name:** SMITH, ROY L  
**Address:** 4776 U.S. 90 W.  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433**Title:** TTVC (X) Change ( ) Addition  
**Name:** WRIGHT, CHARLIE  
**Address:** 532 PARADISE ISLAND  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

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: GENE GUSTIN

COMM

05/03/2008

Electronic Signature of Signing Officer or Director

Date