

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25769

FILED
Feb 06, 2011
Secretary of State

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:

RAMOS, ELLEN L. COMMANDER
4607 BOBOLINK WAY
CRESTVIEW, FL 32539 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
Name: RAMOS, ELLEN L COMM
Address: 4607 BOBOLINK WAY
City-St-Zip: CRESTVIEW, FL 32539

Title: 1VP
Name: RAMOS, PHIL
Address: 4607 BOBOLINK WAY
City-St-Zip: CRESTVIEW, FL 32539

Title: 2VP
Name: HOOSE, JOHN
Address: 70 E. LAUREL LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: FIN.
Name: WARD, SHERRY
Address: POB 635
City-St-Zip: PONCE DELEON, FL 32455

Title: JA
Name: SMITH, ROY
Address: 413 W. MICHAEL ANGELO RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TTVC
Name: VANN, CLARENCE R
Address: 221 SMITH RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby 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 all other like empowered.

SIGNATURE: PR

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02/06/2011

Electronic Signature of Signing Officer or Director

Date