

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005476

1. Entity Name

**GENERAL DANIEL (CHAPPIE) JAMES POST NO. 4761,
VETERANS OF FOREIGN WARS OF THE UNITED
STATES, INC**



Principal Place of Business

**6428 HOWE DR
JACKSONVILLE, FL 32208**

Mailing Address

**6523 HUGH CT
JAX, FL 32210**

DO NOT WRITE IN THIS SPACE



07022004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3269944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENT, OTIS E
6523 HUGH CT
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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

Otis E Kent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/04

**Filing Fee is \$81.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WLAKER, CLARENCE M
6428 HOWE DR
JACKSONVILLE, FL 32208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, LEON
2800 S UNIVERSITY BLVD #175
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KENT, OTIS E
6523 HUGH CT
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1000000168692
07/29/04-80002-018 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Otis E Kent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04

Date

904-713-2127

Daytime Phone #