2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 718383

1. Entity Name
FORT MEADE POST NO. 23, INCORPORATED

Principal Place of Business	Mailing Address
825 N CHARLESTON FT MEADE, FL 33841 US	PO BOX 207 FT. MEADE, FL 33841 US

01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6200824
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, DAN L.
945 E BROADWAY
FT. MEADE, FL 33841

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	APD
NAME	PAUTZ, BILL
STREET ADDRESS	300 WASHINGTON AVENUE LOT 10
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	CD
NAME	HANCOCK, ALLEN
STREET ADDRESS	801 NE . 9TH ST.
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	VD
NAME	GREER, DOLPH
STREET ADDRESS	100 ORANGE AVE
CITY-ST-ZIP	FT. MEADE, FL
TITLE	FO
NAME	STEDMAN, JAMES
STREET ADDRESS	300 S WASHINGTON AVENUE, LOT 70
CITY-ST-ZIP	FT MEADE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80004-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James A Stedman James A Stedman 1-12-06 863-285-7028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #