


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 726504	
1. Entity Name WESCONNETT POST NO. 7909, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business 6204 BLANDING BLVD. JACKSONVILLE, FL 32244	Mailing Address 6204 BLANDING BLVD. JACKSONVILLE, FL 32244
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6162537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAUGHERTY, MICHAEL A CPA 1832 PARK AVE. ORANGE PARK, FL 32073
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HALL, ALLEN E 2455 ELBOW RD. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BUCKLES, JOSE J 1299 INDEPENDENCE DR. ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD NOLAN, MIKE 5577 DRAKE LOOP ROAD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM MAAS, HOWARD I 1135 PANGOLA DRIVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDI SEILER, HARRY C 6602 DOVE CREEK DR. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDI HERNANDEZ, ROBERT 3294 LAKE EFFIE CT. N. JACKSONVILLE, FL 32277

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02/10/05-80008-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fee empowered.

SIGNATURE: <u>JOSE BUCKLES, QUARTERMASTER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02/01/2005 <small>Date</small>	(904) 778-7909 <small>Daytime Phone #</small>
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