



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90202 010 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6162537	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAUGHERTY, MICHAEL A CPA 1832 PARK AVE. ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HALL, ALLEN E 2455 ELBOW RD. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BUCKLES, JOSE J 1299 INDEPENDENCE DR. ORANGE PARK, FL 32065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD NOLAN, MIKE 5577 DRAKE LOOP ROAD MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete		TITLE TSD NAME LALLEY, PATRICK STREET ADDRESS 5051 BILKIN DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM MAAS, HOWARD I 1135 PANGOLA DRIVE JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete		TITLE PCM NAME SEILER, HARRY C STREET ADDRESS 6602 DOVE CREEK DR. CITY-ST-ZIP JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT SEILER, HARRY C 6602 DOVE CREEK DR. JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete		TITLE VDT NAME HERNANDEZ ROBERT STREET ADDRESS 3294 LAKE EFFIE CT. N. CITY-ST-ZIP JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HERNANDEZ, ROBERT 3294 LAKE EFFIE CT. N. JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete		TITLE VDT NAME WANKOWSKI, ROBERT STREET ADDRESS 7318 CORAL SAA Rd. CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				24 APR 06 904-778-7909	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	