

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 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



04062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-6162537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DAUGHERTY, MICHAEL A CPA  
1832 PARK AVE.  
ORANGE PARK, FL 32073

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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  
TSD  
SEILAR, HARRY  
6602 DORA CREEK DR.  
JACKSONVILLE, FL 32244

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCM  
HERNANDEZ, ROBERT  
3294 LAKE EFFIE CT N  
JACKSONVILLE, FL 32277

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VDT  
HERNANDEZ, DANNETTE  
3294 LAKE EFFIE CT N  
JACKSONVILLE, FL 32277

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VDT  
WRIGHT, GLENN M  
5867 11TH ST  
JACKSONVILLE, FL 32244

000000920391  
05/14/08-80042-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APR 08

Date

904-778-7909

Daytime Phone #