2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #742716

1. Entity Name

FRANK B. HUDDLESTON POST NO. 81, INC.



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

04-27-2006 90173 004 ****61.25

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Principal Place of Business 2909 S. HARBOR CITY BLVD. MELBOURNE, FL 32901			Mailing Address 2909 S. HARBOR CITY BLVD. MELBOURNE, FL 32901-7213 US				. ,	511 	11 (BBY) JOOK 20	II 815H E18H 8	IBII BIRII BIRII SID	11101 DI JOTI
2. Principal P	lace of Business	3. M	3. Mailing Address									
Suite, Apt.	#, etc.	5	Suite, Apt. #, etc.				03192006	Chg	-NP	CR2E0	37 (11/05)	
City & State			City & State				4. FEI Numb	ber 53174				pplied For
Zip	Zip Country		Zip Co		ntry	5. Certificat			us Desired		\$8.75 Add	ditional
	6. Name and Addre	ss of Current Registe	red Agent	T.			7. Name and	d Addre	ss of New F	Registered	Agent	
GERHKE.	MARSHALL CMD		<u> </u>		Name					_		
2909 HAR	BOR CITY BLVD RNE, FL 32901		Street Addres			iress (P	.O. Box Numb	ber is No	t Acceptable	e) 		
				-	City					Fl	Zip Cod	e
	named entity submits th ions of registered agent.	is statement for the pu	rpose of changing its	registere	d office or re	egistere	ed agent, or bo	oth, in th	e State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name	of registered agent and title if a	pplicable. (NOTE	: Aegistered	I Agent signature :	required v	when reinstating)			DATE		
			T									
	Filing Fee is \$61. Due by May 1, 20		9. Election Campaign Financing Trust Fund Contribution.] ;	\$5.00 May Added to Feet	Be s			ck payable t irtment of S	
10.	OFFI	CERS AND DIRECTOR	is	11.		A	DDITIONS/CI	HANGES	TO OFFICE	RS AND D	RECTORS IN	l 10
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12. Thereby 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: .

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06 Date

Daytime Phone #