

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 034 ****70.00

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1. Entity Name
FRANK B. HUDDLESTON POST NO. 81, INC.



Principal Place of Business
**2909 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901**

Mailing Address
**2909 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901-7213 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6153174

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GERHKE, MARSHALL CMDR~~
**2909 HARBOR CITY BLVD
MELBOURNE, FL 32901**

Name **GARY T. WRIGHT - Finance Officer**

Street Address (P.O. Box Number is Not Acceptable)

2909 S. HARBOR CITY BLVD

City **Melbourne**

FL

Zip Code **32901**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ~~D~~ **PAST 1ST VICE COMMANDER** ☒ Delete
NAME JONES, WILLIAM
STREET ADDRESS 1960 ROCOSA DR
CITY-ST-ZIP PALM BAY, FL 32905

TITLE **P** **COMMANDER** ☐ Change ☒ Addition
NAME **RON SAXBY**
STREET ADDRESS **428 PALEY CIRCLE S.E.**
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE ~~D~~ **Past Commander** ☐ Delete
NAME CLASON, ROBERT
STREET ADDRESS 2800 KENT ST N
CITY-ST-ZIP MALABAR, FL 32950

TITLE **V** **1st Vice Commander** ☐ Change ☒ Addition
NAME **FRANK HOSLEY**
STREET ADDRESS **2240 WOOD ST.**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **T** ☒ Delete
NAME OH, RICHARD
STREET ADDRESS 2311 ST ANDREW CIR
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE **T** **FINANCE OFFICER** ☐ Change ☒ Addition
NAME **GARY T WRIGHT**
STREET ADDRESS **458 SAUNDERS RD SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **P** **Past Commander** ☒ Delete
NAME GERHKE, MARSHALL F
STREET ADDRESS 401 E PALMETTO AVE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE **D** **John Webster** ☐ Change ☒ Addition
NAME **1165 RABBIT ST. SE.**
STREET ADDRESS **Palm Bay, FL. 32909**

TITLE **D** **Second Vice Commander** ☐ Delete
NAME HALEY, JIM
STREET ADDRESS 2047 BUESCHER HILL ST
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ☐ Change ☐ Addition

TITLE **FINANCE OFFICER** ☐ Delete
NAME **GARY T WRIGHT** ☒ Addition
STREET ADDRESS **458 SAUNDERS RD SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Change ☐ 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: **GARY T. WRIGHT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 07 (321) 243-5324
Date Daytime Phone #