


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90229 050 \*\*\*\*70.00

<b>DOCUMENT # 742716</b> 1. Entity Name <b>FRANK B. HUDDLESTON POST NO. 81, INC.</b>					
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 # <b>SAME</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6153174</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, GARY T</b> <b>2909 HARBOR CITY BLVD</b> <b>MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	1VC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, WILLIAM		NAME		
STREET ADDRESS	1960 ROCOSA DR		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
TITLE	DC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLASON, ROBERT		NAME		
STREET ADDRESS	2800 KENT ST N		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAXBY, RON		NAME		
STREET ADDRESS	1428 PALEY CIR SE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP		
TITLE	PC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERHKE, MARSHALL F		NAME		
STREET ADDRESS	401 E PALMETTO AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP		
TITLE	D2VC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALEY, JIM		NAME		
STREET ADDRESS	2047 BUESCHER HILL ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBSTER, JOHN		NAME		
STREET ADDRESS	1165 RABBIT ST SE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u><i>Gary T. Wright</i></u> <u><i>Gary T. Wright</i></u> <u><i>30 April 08</i></u> <u><i>321-243-5824</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					