


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 771308

1. Entity Name
**JOHN C. GAINOUS POST NO. 10069 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business 1774 TROUT AVE PORT ST. JOE, FL 32456 US	Mailing Address PO BOX 591 PORT ST JOE, FL 32457 US
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1863143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANSON, JACK R.A.
127 HUNTER CIRCLE
PORT ST. JOE, FL 32456**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	SCD HANSON, JACK R.A. 127 HUNTER CIRCLE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD ARMSTRONG, RICHARD J 9412 COCKLES AVE-P O BOX 13085 MEXICO BEACH, FL 32410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GMD PAUL, HARRY L 183 S. SEMINOLE STREET PORT ST. JOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/05-80055-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harry L Paul* **HARRY L PAUL** *GM* **1-17-05** *(850)-229-8182*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #