

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 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**



01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1863143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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01/13/06-80021-016 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 all other like empowered.

SIGNATURE:

Harry L Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-06

Date

(850) 229-8182

Daytime Phone #