

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002754**

1. Entity Name

**WALTER JONES AMERICAN LEGION POST 244 OF  
JACKSONVILLE, INCORPORATED**



Principal Place of Business  
**2309 JERNIGAN RD  
JACKSONVILLE FL 32207**

Mailing Address  
**2309 JERNIGAN RD  
JACKSONVILLE FL 32207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-6200883**

Applied For  
Not Applicable

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

**ROBINSON, WILLIE J  
754 SPEARING ST  
JACKSONVILLE FL 32202**

Name

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

City

**FL**

Zip Code

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 certifying)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **ANDERSON, HOSEA**  
CITY-ST-ZIP **428 W MTING LANE  
ATLANTIC BEACH FL 32233**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **JONES, ALBERT**  
CITY-ST-ZIP **2120 CALJON RD  
JACKSONVILLE FL 32207**

TITLE ☐ Delete  
NAME **O**  
STREET ADDRESS **ROBINSON, WILLIE**  
CITY-ST-ZIP **754 SPEARING ST  
JACKSONVILLE FL 32202**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MURRAY, HERBERT**  
CITY-ST-ZIP **1803 BREUSLER RD  
JACKSONVILLE FL 32207**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HORACE, HARRIEL**  
CITY-ST-ZIP **1591 LANE AVE APT 119C  
JACKSONVILLE FL 32210**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ADAMS, GEORGE**  
CITY-ST-ZIP **3644 BASIL RD  
JACKSONVILLE FL 32207**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000566030**  
CITY-ST-ZIP **05/25/06-80001-013 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.