


**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      Mailing Address  
**2309 JERNIGAN RD JACKSONVILLE FL 32207**      **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      Applied For / Not Applicable  
**59-6200883**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HOSEA	NAME	
STREET ADDRESS	428 W MTING LANE	STREET ADDRESS	U0000056603D
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	CITY-ST-ZIP	05/25/06-80001-013 61.25
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALBERT	NAME	
STREET ADDRESS	2120 CALJON RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, WILLIE	NAME	
STREET ADDRESS	754 SPEARING ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, HERBERT	NAME	
STREET ADDRESS	1803 BREUSLER RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORACE, HARRIEL	NAME	
STREET ADDRESS	1591 LANE AVE APT 119C	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, GEORGE	NAME	
STREET ADDRESS	3644 BASIL RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	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.