

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 042 ****61.25



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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-6200883	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 ANDERSON, HOSEA 428 W MTING LANE ATLANTIC BEACH FL 32233	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		
TITLE	V JONES, ALBERT 2120 CALJON RD JACKSONVILLE FL 32207	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		
TITLE	D ROBINSON, WILLIE 754 SPEARING ST JACKSONVILLE FL 32202	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		
TITLE	D MURRAY, HERBERT 1803 BREUSLER RD JACKSONVILLE FL 32207	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		
TITLE	P HORACE, HARRIEL 1591 LANE AVE APT 119C JACKSONVILLE FL 32210	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Willie McGriff
STREET ADDRESS		STREET ADDRESS	4172 Grant Rd
CITY- ST- ZIP		CITY- ST- ZIP	JAX FL 32207
	<input checked="" type="checkbox"/> Delete		
TITLE	D ADAMS, GEORGE 3644 BASIL RD JACKSONVILLE FL 32207	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		

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.

SIGNATURE: Hosea Anderson 2-23-07 904 399 1572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #