

# 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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6200883**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



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 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIE MCGRIFF
STREET ADDRESS	4172 GRANT RD
CITY- ST- ZIP	JAX FL 32207
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Hosea Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07

Date

904 399 1572

Daytime Phone #