

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002754

FILED
May 29, 2012
Secretary of State

Entity Name: WALTER JONES AMERICAN LEGION POST 244 OF JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

2309 JERNIGAN RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2309 JERNIGAN RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-6200883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ALBERT E SR
2120 CALJON ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: F O
Name: ANDERSON, HOSEA
Address: 428 W MTING LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ADJ
Name: MURRAY, HERBERT
Address: 1803 BREWSTER RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: A
Name: MURRAY, HERBERT
Address: 1803 BREWSTER RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: M
Name: MCGRIFFIN, WILLIE
Address: 4172 GRANT RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: M
Name: ADAMS, GEORGE
Address: 3644 BASIL RD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT E JONES

COM

05/29/2012

Electronic Signature of Signing Officer or Director

_____ Date