


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

05-18-2006 90015 046 \*\*\*\*61.25

<b>DOCUMENT # N03000004204</b>	
1. Entity Name <b>THE MEN'S AUXILIARY UNIT OF THE GREATER BEACHES POST 3270, VETERANS OF FOREIGN WARS OF THE UNITE</b>	

Principal Place of Business <b>915 8TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>915 8TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05112006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>16-1680987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>O'NEILL, KAREN B 1009 21ST STREET NORTH JACKSONVILLE BEACH, FL 32250</b>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	TRD MATHIS, HAROLD G 2140 FEATHERWOOD DRIVE W ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, KIRK L 929 12TH STREET NORTH JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, NORMAN 2077 CORONA COURT JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKER, MICHAEL W JR. 1103 SEABREEZE AVENUE JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUYDASZ, STEVE 712 9TH STREET SOUTH JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GERALD 203 BAY STREET NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Buydasz, Steve <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 712 9th Street South Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. Carol Morrison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1620 2nd Street North Jacksonville, Beach FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sullivan, Norman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2077 Corona Court Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kirk L Stone*

5/11/06

904-759-1552