

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90155 039 \*\*\*\*61.25

<b>DOCUMENT # N05000010097</b> 1. Entity Name <b>GROVELAND-MASCOTTE MEMORIAL POST #239, INC.</b>					
Principal Place of Business <b>PO BOX 932 GROVELAND FL 34736</b>			Mailing Address <b>PO BOX 932 GROVELAND FL 34736</b>		
2. Principal Place of Business <b>307 American Legion Rd</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Mascotte FL</b>			City & State		
Zip <b>34753</b>		Country <b>USA</b>		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>Groveland-Mascotte Memorial</b> <b>MURARO, LOUIS J</b> <b>307 AMERICAN LEGION RD</b> <b>MASCOTTE FL 34753</b> <b>337 E. SUNSET ST</b> <b>GROVELAND FL</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <b>4-27-06</b>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MURARO, LOUIS J</b> <b>337 E SUNSET STREET</b> <b>GROVELAND FL 34736</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BULMAN, CLEMENT</b> <b>250 ELBERTA STREET</b> <b>GROVELAND FL 34736</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LUNDQUIST, JUDY</b> <b>5605 EMPIRE CHURCH RD</b> <b>GROVELAND FL 34736</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-27-06</b>		Daytime Phone: <b>(352) 429-2950</b>