

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 008 ****61.25

DOCUMENT # N17949					
1. Entity Name CHAUNCEY S. DANIEL POST 76, INC.					
Principal Place of Business 112 S DELEWARE ST TAVARES, FL 32778			Mailing Address PO BOX 1115 TAVARES, FL 32778		
2. Principal Place of Business 112 S Delaware St Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Tavares, FL			City & State		
Zip 32778		Country Lake		Zip	
Country		4. FEI Number 59-6160820			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRIST, W.S. 112 S DELEWARE ST TAVARES, FL 32778			7. Name and Address of New Registered Agent Name: GRIST, W.S. Street Address (P.O. Box Number is Not Acceptable): 112 S Delaware St City: Tavares FL Zip Code: 32778		
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, the registered agent. SIGNATURE: <u>W. S. Grist</u> Jan 7, 2004 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE DT NAME DODSON, BENJAMIN F STREET ADDRESS 15595 SE 294TH TERRACE RD CITY-ST-ZIP ALTOONA, FL	<input type="checkbox"/> Delete				
TITLE V NAME HAAS, HERBERT STREET ADDRESS 1341 EUSTIS RD CITY-ST-ZIP EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete				
TITLE V NAME MANKIN, HARRY J STREET ADDRESS 3124 MANATEE RD CITY-ST-ZIP TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete				
TITLE D NAME CLARK, ROBERT G STREET ADDRESS 11217 FOUNTAIN LAKE BLVD CITY-ST-ZIP LEESBURG, FL 34788	<input type="checkbox"/> Delete				
TITLE D NAME MESSERSCHMIDT, ARTHUR R STREET ADDRESS 6026 LAKE EMMA RD CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete				
TITLE D NAME PAULSON, SHERWOOD G STREET ADDRESS 5615 PRINCE ANDREW COURT CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE V NAME NICHOLS, JAMES A. STREET ADDRESS 360 Juniper Way CITY-ST-ZIP Tavares, FL 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE V NAME HOWE, ARTHUR J. STREET ADDRESS 1553 Sunshine Parkway CITY-ST-ZIP Tavares, FL 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME VAUGHN, LEO STREET ADDRESS 1060 Forest Drive CITY-ST-ZIP Tavares, FL 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Robert G. Clark</u> Jan 7, 2004 ROBERT G. CLARK, Adjutant (352) 343-2760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					