


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90049 016 \*\*\*\*61.25

<b>DOCUMENT # N17949</b>			
1. Entity Name <b>CHAUNCEY S. DANIEL POST 76, INC.</b>			
Principal Place of Business <b>112 S DELEWARE ST TAVARES FL 32778</b>		Mailing Address <b>PO BOX 1115 TAVARES FL 32778</b>	
2. Principal Place of Business <b>1020 Skyline Dr</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Tavares, FL 32778</b>		City & State	
Zip <b>32778</b>	Country <b>Lake</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>CHRIST, W.S. 112 S DELEWARE ST TAVARES FL 32778</b>		7. Name and Address of New Registered Agent Name <b>CARTER, PATRICK R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1020 Skyline Dr</b> City <b>Tavares</b> FL <b>32778</b>	
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 <b>PATRICK R. CARTER</b> DATE <b>Jan 19, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<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>DT DODSON, BENJAMIN F 15595 SE 294TH TERRACE RD ALTOONA FL</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>V NICHOLS, JAMES A 360 JUNIPER WAY TAVARES FL 32778</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>V HOWE, ARTHUR J 1553 SUNSHINE PKWY TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WEYENBERG, G.W. 2107 David Ct Mount Dora, FL 32757</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, ROBERT G 11217 FOUNTAIN LAKE BLVD LEESBURG FL 34788</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 VAUGHN, LEO 1060 FOREST DR TAVARES FL 32778</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 PAULSON, SHERWOOD G 5615 PRINCE ANDREW COURT LEESBURG FL 34748</b> <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 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:** **ROBERT G. CLARK, Adjutant**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 19, 2005 352-343-2760**  
Date Daytime Phone #