


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90006 006 \*\*\*\*61.25

DOCUMENT # N17949			
1. Entity Name CHAUNCEY S. DANIEL POST 76, INC.			
Principal Place of Business 1020 SKYLINE DRIVE TAVARES FL 32778 <i>Delete</i>		Mailing Address PO BOX 1115 TAVARES FL 32778	
2. Principal Place of Business - No P.O. Box # 3710 Meadow Green DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAVARES FL		City & State	
Zip 32778	Country USA	Zip	Country
6. Name and Address of Current Registered Agent CARTER, PATRICK R 1020 SKYLINE DRIVE TAVARES FL 32778 <i>Delete</i>		7. Name and Address of New Registered Agent Name: DONALD KOPP Street Address (P.O. Box Number is Not Acceptable) 3710 MEADOW GREEN DR TAVARES FL 32778 City: FL 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: <i>X Donald Kopp</i> <i>Donald Kopp</i> <i>8-17-07</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DODSON, BENJAMIN F 15595 SE 294TH TERRACE RD ALTOONA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE WILKINS 57 ROYAL DR EUSTIS FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLS, JAMES A 360 JUNIPER WAY TAVARES FL 32778 <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	D CLARK, ROBERT G 11217 FOUNTAIN LAKE BLVD LEESBURG FL 34788 <input checked="" 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	D FISH, CLINTON G 3624 BAYSHORE CIRCLE TAVARES FL 32778 <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	D PAULSON, SHERWOOD G 5615 PRINCE ANDREW COURT LEESBURG FL 34748 <input checked="" 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	D W. SAM GRIST 112 DELAWARE ST. TAVARES FL 32778 <input type="checkbox"/> Delete <i>ADD</i>	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: *X DONALD KOPP* - *Donald Kopp* *8-17-07 352-326-9289*