ANNUAL ILLI VILI

DOCUMENT # N17949



FILED Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90027 050 ****61.25

1. Entity Name CHAUNCEY S. DANIEL POST 76, INC.	

Principal Place of Business 3710 MEADOW GREEN DR

Mailing Address PO BOX 1115

IAVAKES, FL	32778	Τ,	WARES, FL 32778								
2. Principal P	Mace of Business - No	P.O. Box # 3. N	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · ·	01242008 Chg-NP CR2E037 (12/06)						
City & State			City & State			4. FEI Number Applied For 59–6160820 Not Applied				oplied For	
Zip Country Zi			Zip	ip Country		5. Certificate of Status Desired Sta					
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent		
KOPP, DONALD 3710 MEADOW GREEN DR TAVARES, FL 32778			Name Street	Name Street Address (P.O. Box Number is Not Acceptable)							
	, , _ , _ , , ,			City				FI	Zip Cod	e	
	named entity submits		urpose of changing its re	egistered office	or register	ed agent, or both	n, in the State of F		= familiar with,	and accept	
trie oongar	adia di taglata ad agai	н.									
SIGNATURE DONALO L. KOPP Signature, hybrid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5,00 May Be Added to Fees Make check payable to Florida Department of State						
10.	OF	FICERS AND DIRECTO	RS	11.	,	ADDITIONS/CHA	NGES TO OFFIC	ERS AND D	IRECTORS IN	10	
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	57 ROYAL DR EUSTIS, FL 32726			NAME	0 A 114	IVIO E 126 LA SESBUR	KE OK 6. FL	Z 347	88	<u> </u>	
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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.

352-343-878L Daysine Phone 8

DONALD L. KOPP