

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714802

**Entity Name:** ALTON GREEN MEMORIAL POST 194, INC.**Current Principal Place of Business:**1029 W. PEARL STREET  
ST AUGUSTINE, FL 32084**Current Mailing Address:**1029 W. PEARL STREET  
ST AUGUSTINE, FL 32084 US**FEI Number:** 59-6200261**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUKES, LAWSON  
600 DOMENICO CIRCLE  
A1  
ST. AUGUSTINE, FL 32086 US*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.***SIGNATURE:** LAWSON DUKES

05/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	E.B.
Name	WHITE, GREGORY B
Address	905 W. PEARL ST.
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	EB
Name	LOGAN, JOSEPH
Address	89 SOUTH STREET
City-State-Zip:	ST AUGUSTINE FL 32084

Title	E.B.
Name	CONNOR, SEPTIMUS C II
Address	205 SARANC LN.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	COMMANDER
Name	GREENE, DERRY R.
Address	474 PORTA ROSA CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	FINANCE OFFICER
Name	DUKES, LAWSON
Address	600 DOMENICO CIRCLE A1
City-State-Zip:	ST AUGUSTINE FL 32086

Title	COO
Name	BUSH, ROBERT
Address	873 BRUEN STREET
City-State-Zip:	SAINT AUGUSTINE FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LAWSON DUKES

FINANCE OFFICER

05/03/2021

Electronic Signature of Signing Officer/Director Detail

Date