

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000002754

Entity Name: WALTER JONES AMERICAN LEGION POST 244 OF JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

2309 JERNIGAN RD
JACKSONVILLE, FL 32207

Current Mailing Address:

2309 JERNIGAN RD
JACKSONVILLE, FL 32207

FEI Number: 59-6200883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, HOSEA
2309 JERNIGAN RD
JACKSONVILLE, FL 32207 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: HOSEA ANDERSON

08/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FINANCE OFFICER
Name MURRAY, HERBERT
Address 1803 BREWSTER RD
City-State-Zip: JACKSONVILLE FL 32233

Title SERVICE OFFICER
Name JONES, ALBERT
Address 2120 CALJON RD
City-State-Zip: JACKSONVILLE FL 32207

Title 2ND VICE COMMANDER
Name MCGRUFF, WILLIE
Address 4172 GRANT RD
City-State-Zip: JACKSONVILLE FL 32207

Title M
Name JONES JR, ALBERT
Address 2132 CALJON RD
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER
Name JONES, HARRY T SR.
Address 2309 JERNIGAN RD
City-State-Zip: JACKSONVILLE FL 32207

Title SGT AT ARMS
Name REDDIX, SYVESTER
Address 2309 JERNIGAN RD
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER
Name JONES, ALBERT E JR
Address 2124 CALJON ROAD
City-State-Zip: JACKSONVILLE FL 32207

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: WILLIE MCGRUFF

2ND VICE COMMANDER

08/01/2016

Electronic Signature of Signing Officer/Director Detail

Date