

**2020 FLORIDA NOT FOR PROFIT CORPORATION 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: Yes**

**Name and Address of Current Registered Agent:**

JONES, ALBERT E  
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: ALBERT E JONES SR

01/11/2020

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 MCCLAIREN, FELIX  
Address 2132 CALJON RD  
City-State-Zip: JACKSONVILLE FL 32207

Title 2ND VICE COMMANDER  
Name MCGRIFF, 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: ALBERT E JONES ST

REGISTERED AGENT

01/11/2020

Electronic Signature of Signing Officer/Director Detail

Date