

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90102 031 \*\*\*\*61.25

**DOCUMENT # N97000000767**

1. Entity Name

THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE SPECIAL FORCES ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1408 GULFWOOD CT BRANDON FL 33510 US	1408 GULFWOOD CT BRANDON FL 33510 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **NO-T APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**TOMLIN, THOMAS R**  
**1408 GULFWOOD COURT**  
**BRANDON FL 33510-4017**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when consolidating)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GASPARD, GEORGE W
STREET ADDRESS	816 MILLPOND COURT
CITY-ST-ZIP	JACKSONVILLE FL 32259-3027
TITLE	D <input type="checkbox"/> Delete
NAME	TOMLIN, THOMAS R
STREET ADDRESS	1408 GULFWOOD COURT
CITY-ST-ZIP	BRANDON FL 33510
TITLE	D <input type="checkbox"/> Delete
NAME	SLUSHER, HAROLD E
STREET ADDRESS	6762 CANDLEWOOD DR
CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADDOCK, JIMMY L.
STREET ADDRESS	165 BEACHWOOD BLVD.
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951-3117
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Thomas R. Tomlin* THOMAS R. TOMLIN 03/03/06 (813) 689-2451