

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # N97000000767</b>			
1. Entity Name <b>THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE SPECIAL FORCES ASSOCIATION, INC.</b>			
Principal Place of Business <b>1408 GULFWOOD CT BRANDON FL 33510 US</b>		Mailing Address <b>1408 GULFWOOD CT BRANDON FL 33510 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>TOMLIN, THOMAS R 1408 GULFWOOD COURT BRANDON FL 33510-4017</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete NAME GASPARD, GEORGE W STREET ADDRESS 816 MILLPOND COURT CITY- ST- ZIP JACKSONVILLE FL 32259-3027	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000596408 01/23/07-80078-012 61.25
TITLE	D <input type="checkbox"/> Delete NAME TOMLIN, THOMAS R STREET ADDRESS 1408 GULFWOOD COURT CITY- ST- ZIP BRANDON FL 33510	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete 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
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

**SIGNATURE:** Thomas R. Tomlin **Thomas R. Tomlin** 01/20/2007 (813) 689-245