

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90026 043 \*\*\*\*61.25



**DOCUMENT # N97000000767**  
 1. Entity Name  
**THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE SPECIAL FORCES ASSOCIATION, INC.**

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

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number: **NO-T APPLICABLE** Applied For:  No:  Applicable

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



1st MOORE CR2E037 (10/07)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title. (Facsimile ok) (NOTE: Registered Agent signature is required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: GASPARD, GEORGE W STREET ADDRESS: 816 MILLPOND COURT CITY-ST-ZIP: JACKSONVILLE FL 32259-3027	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: TOMLIN, THOMAS R STREET ADDRESS: 1408 GULFWOOD COURT CITY-ST-ZIP: BRANDON FL 33510	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: SLUSHER, HAROLD E STREET ADDRESS: 6762 CANDLEWOOD DR CITY-ST-ZIP: FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: STOVER, ROBERT M. STREET ADDRESS: 269 CINNAMON LAKE CIRCLE CITY-ST-ZIP: MELBOURNE, FL 32901-8573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BRADDOCK, JIMMY L STREET ADDRESS: 165 BEACHWOOD BLVD. CITY-ST-ZIP: MELBOURNE BEACH FL 32951-3117	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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** 01/24/08 (813) 689-2451