

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90005 039 \*\*\*\*61.25

**DOCUMENT # 710200**

1. Entity Name  
FORT WALTON BEACH POST 235, AMERICAN LEGION,  
INC.



Principal Place of Business  
105 W. HOLLYWOOD BLVD, N.W.  
POST OFFICE BOX 1104  
FORT WALTON BEACH, FL 32548-4922

Mailing Address  
105 W. HOLLYWOOD BLVD, N.W.  
POST OFFICE BOX 1104  
FORT WALTON BEACH, FL 32548-4922

40026386



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1280846

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, TERRY A  
605 SHADY LANE DRIVE  
FORT WALTON BEACH, FL 32547

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 P  
NAME LANGLEY, RONALD P  
STREET ADDRESS 956 MCFARLAN AVE.  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☒ Delete

TITLE P  
NAME LAWRENCE E CARPENTER  
STREET ADDRESS 312 CAMEL DRIVE #3  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☒ Change ☐ Addition

TITLE V  
NAME GONTAREK, JOHN J  
STREET ADDRESS 201 W LORRAINE DR.  
CITY-ST-ZIP MARY ESTHER, FL 325691827 ☒ Delete

TITLE V  
NAME J. PARRISH  
STREET ADDRESS 111 ROBIN WOOD DR  
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☒ Change ☐ Addition

TITLE T  
NAME BENOIT, BEN  
STREET ADDRESS 342 CORAL DRIVE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548 ☒ Delete

TITLE  
NAME VACANT  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME JIMMERSON, JERRY W  
STREET ADDRESS 302 CORAL DRIVE SW  
CITY-ST-ZIP FORT WALTON BEACH, FL 325486337 ☒ Delete

TITLE F. RAYMOND  
NAME 8 OKAHATCHEE CIR  
STREET ADDRESS FT WALTON BCH FL 32548 ☒ Change ☐ Addition

TITLE D  
NAME KARNES, DALE L  
STREET ADDRESS 18 WAYNELL CL.  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME PEARCE, WILLIAM J JR  
STREET ADDRESS 207 JET DRIVE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548 ☒ Delete

TITLE H. VISSER  
NAME 15 FOREST GR  
STREET ADDRESS FT WALTON BCH FL 32548 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Dale Karnes DIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07 8502430221

Date

Daytime Phone #