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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 009 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768135**

1. Corporation Name

**WALTON COUNTY POST NO. 4437 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business  
25 SOUTH 25TH ST  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address  
25 SOUTH 25TH ST  
DEFUNIAK SPRINGS FL 32433  
US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/26/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0205150
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>PELFREY, ROGER L</b> <b>185 WATSON RD</b> <b>DEFUNIAK SPRINGS FL 32433</b>	10. Name and Address of New Registered Agent 81 Name <b>Nickolaus C Bock</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1209 LAIRD RD</b> 83 <del>Crestview</del> 84 City <b>Crestview</b> FL 85 Zip Code <b>32539</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Nickolaus C Bock* DATE **2-1-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>KEN Clemmons</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PELFREY, ROGER L</b>	1.2 NAME	<b>419 JOE ANDERSON RD</b>
STREET ADDRESS	<b>189 WESTON RD</b>	1.3 STREET ADDRESS	<b>DEFUNIAK SPRINGS, FL. 32433</b>
CITY-ST-ZIP	<b>DEFUNIAK SPINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<b>T. PETER T. MUTSCH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, ROBERT R</b>	2.2 NAME	<b>6550 COHAWAY RD</b>
STREET ADDRESS	<b>585 COUNTRY CLUB DR.</b>	2.3 STREET ADDRESS	<b>DEFUNIAK SPS. FL. 32433</b>
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEATH, TALMADGE H</b>	3.2 NAME	
STREET ADDRESS	<b>676 CIRCLE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCKSMITH, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>369 SOUTH 12TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOCK, NICKLAUS</b>	5.2 NAME	
STREET ADDRESS	<b>1209 LAIRD RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nickolaus C Bock* DATE **2-1-99** DAYTIME PHONE # **850-892-3539**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)