

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90013 024 ****61.25

DOCUMENT # 768135

1. Entity 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 32435 US**

Mailing Address
**25 SOUTH 25TH ST
DEFUNIAK SPRINGS, FL 32435 US**

24037477



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-6162512

Applied For

Not Applicable

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

~~SLOAN, LARRY R
122 STEPHENS LANE
CRESTVIEW, FL 32539~~

Name **ROBERTS, JAMES W. JR.**
Street Address (P.O. Box Number is Not Acceptable)
408 Dr. ROBERTS DR.
City **DEFUNIAK SPRINGS** FL Zip Code **32433**

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

James W. Roberts Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 28, 04

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **DC** ☒ Delete
NAME **SLOAN, LARRY R**
STREET ADDRESS **122 STEPHENS LANE**
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **DC** ☒ Change ☐ Addition
NAME **ROBERTS, JAMES W. JR.**
STREET ADDRESS **408 Dr. Roberts Dr.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **DSV** ☒ Delete
NAME **VANN, JOE**
STREET ADDRESS **404 RINEWOOD DR**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **DSV** ☒ Change ☐ Addition
NAME **HEATH, TALMIDGE**
STREET ADDRESS **676 Circle Dr.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE **DJV** ☒ Delete
NAME **SMITH, ROY**
STREET ADDRESS **419 MICHAELANGELO**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32599**

TITLE **DSV** ☒ Change ☐ Addition
NAME **SHITTOFF, ALBIN**
STREET ADDRESS **1900 HAWK C-280A**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 28, 04 (850) 892-2688

Date

Daytime Phone #