


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90023 009 \*\*\*\*70.00

<b>DOCUMENT # 768135</b>					
1. Entity Name <b>WALTON COUNTY POST NO. 4437 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>25 SOUTH 25TH ST DEFUNIAK SPRINGS, FL 32435 US</b>			Mailing Address <b>25 SOUTH 25TH ST DEFUNIAK SPRINGS, FL 32435 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-6162512</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>OWNBY, DOYLE S 61 WILDERNESS TERRACE DEFUNIAK SPRINGS, FL 32435</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWNBY, DOYLE S		NAME	KATHRYN BONNER	
STREET ADDRESS	62 WILDERNESS TERRACE		STREET ADDRESS	PO BOX 315	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	DEFUNIAK SPRINGS FLA 32435	
TITLE	DSV	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY, EDGAR P		NAME	THOMAS BROOKS	
STREET ADDRESS	100 BONNSE BRAUK LANE		STREET ADDRESS	2061 HWY 83 NORTH	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	DFS 32434	
TITLE	DJV	<input type="checkbox"/> Delete	TITLE	QUARTER MASTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, LEEONAS		NAME	JAMES COOPER	
STREET ADDRESS	370 JUNTS PEA LAKE ROAD		STREET ADDRESS	1163 MILLARD GAINES RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	DEFUNIAK SPRING FL 32435	
TITLE	<del>QUARTER MASTER</del>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>JAMES K COOPER</u> JAMES K COOPER QM 07-12-06 850 842 3539 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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