

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90006 029 ****70.00

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**

40030496



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232007 Chg-NP CR2E037 (12/06)

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

**OWNBY, DOYLE S TOM TURNER
61 WILDERNESS TERRACE 25, SOUTH 25TH ST
DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL
32435**

Name **TOM TURNER**
Street Address (P.O. Box Number is Not Acceptable)
25 SOUTH 25TH STREET
City **DEFUNIAK SPRINGS** FL Zip Code **32435**

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 *Tommy H. Turner* (COMMANDER) **TOMMY TURNER** 2-24-07
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

TITLE **DJV** ☐ Delete
NAME **JOHN, LEEONAS**
STREET ADDRESS **370 JUNTS PEA LAKE ROAD**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE **COMM** ☐ Delete
NAME **BONNER, KATHRYN**
STREET ADDRESS **PO BOX 315**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE **VCOM** ☐ Delete
NAME **BROOKS, THOMAS**
STREET ADDRESS **2061 HWY 83 NORTH**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32434**

TITLE **QMST** ☐ Delete
NAME **COOPER, JAMES**
STREET ADDRESS **1163 MILLARD GAINES RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **COMM** ☒ Change ☐ Addition
NAME **TOM TURNER**
STREET ADDRESS **PO BOX 642**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE **VCOM** ☒ Change ☐ Addition
NAME **GETZ, CARL**
STREET ADDRESS **366 PARADISE ISLAND LN**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **BROOKS, THOMAS QMST** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2061 HWY 83 N**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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

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 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: *Tommy H. Turner* **TOMMY TURNER** 2-29-07 (850-892-3539)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #