

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90017 016 ****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**

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

1st MOORE

CR2E037 (10/07)

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

**TURNER, TOM
25 SOUTH 25TH STREET
DEFUNIAK SPRINGS FL 32435**

Name
FULLENKAMP, ROBERT
Street Address (P.O. Box Number is Not Acceptable)
25 South 25th Street

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 *Robert Fullenkamp* **ROBERT FULLENKAMP**
(NOTE: Registered Agent signature required when reinstating)

3-07-08
DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 **TURNER, TOM**
STREET ADDRESS **PO BOX 642**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE **VCOM** ☒ Delete
NAME **GETZ, CARL**
STREET ADDRESS **366 PARADISE ISLAND RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **OMST** ☐ Delete
NAME **BROOKS, THOMAS**
STREET ADDRESS **2061 HWY 83N**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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 **SV** ☒ Change ☒ Addition
NAME **KENNEYA WINSCHAL**
STREET ADDRESS **316 BONITA**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32437**

TITLE **ROBERT FULLENKAMP, COMM** ☒ Change ☒ Addition
NAME
STREET ADDRESS **216 NORTH-SHOARELINE CIR**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **TRUSTEE** ☐ Change ☐ Addition
NAME **GERALD NELSON**
STREET ADDRESS **946 SPRING LAKE RD**
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

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 Section 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: *Thomas Brooks* **THOMAS BROOKS** **3-07-08** **850 892 6539**