

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 04, 2006**  
**Secretary of State**

DOCUMENT# N14633

**Entity Name:** WAY-WHITEHOUSE MEMORIAL AMVETS (AMERICAN VETERANS) POST 35, INC.

**Current Principal Place of Business:**

105 JOHN KING RD.  
C/O JESSE D. WAY  
CRESTVIEW, FL 325398307 US

**New Principal Place of Business:**

**Current Mailing Address:**

105 JOHN KING RD.  
C/O JESSE D. WAY  
CRESTVIEW, FL 325398307 US

**New Mailing Address:**

**FEI Number:** 59-2863189      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WAY, JESSE D  
105 JOHN KING RD  
CRESTVIEW, FL 325398307 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: HAFNER, BRENDA E  
Address: 4805 YOUNG RD  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: PD ( ) Delete  
Name: WAY, JESSE D D  
Address: 1217 VALLEY RD  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: T ( ) Delete  
Name: HOON, BRUCE R D  
Address: 2826 TAMIAMI TRAIL  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D ( ) Delete  
Name: HINRICHS, STEVEN W  
Address: 1362 PLEASANT TERR  
City-St-Zip: CRESTVIEW, FL 32539 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: HAFNER, BRENDA E D  
Address: 4805 YOUNG RD  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HINRICHS, STEVEN W D  
Address: 1362 PLEASANT TERR  
City-St-Zip: CRESTVIEW, FL 32539 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSE D. WAY

PD

01/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date