

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000546	
1. Entity Name WILLIS V. ROWAN POST #116, INC.	

Principal Place of Business 304 3RD STR PORT ST. JOE, FL 32456 US	Mailing Address P.O. BOX 13 PORT ST. JOE, FL 32457 US
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 69-6159259	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILLIAMS, W R 'BO'
8608 W HIGHWAY 98 (BEACON HILL)
PORT ST. JOE, FL 32456**

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$51.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHINAZEE, HERBERT S 348 ATLANTIC ST PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KILBOURN, GEORGE N 807 LONG AVE PORT ST. JOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, W R 'BO' 8608 W HIGHWAY 98(BEACON HILL) PORT ST. JOE, FL 32456
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Herbert S. Phinazee **HERBERT S. PHINAZEE** **1-20-04** **(850) 647-9603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #