2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000546

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

Principal Place of Business	Mailing Address
304 3RD STR PORT ST. JOE, FL 32456 US	P.O. BOX 13 PORT ST. JOE, FL 32457 US

02202005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-6159259
☐ 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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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	PHINAZEE, HERBERT S
STREET ADDRESS	348 ATLANTIC ST
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	VSD
NAME	KILBOURN, GEORGE N
STREET ADDRESS	807 LONG AVE
CITY-ST-ZIP	PORT ST. JOE, FL
TITLE	PD
NAME	WILLIAMS, W R 'BO'
STREET ADDRESS	8608 W HIGHWAY 98(BEACON HILL)
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80069-011 61.25

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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)(i), 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 4-7-05 (850)647-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #