

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90036 041 \*\*\*\*61.25

<b>DOCUMENT # N92000000546</b> 1. Entity Name <b>WILLIS V. ROWAN POST #116, INC.</b>					
Principal Place of Business <b>304 3RD STR PORT ST. JOE, FL 32456 US</b>			Mailing Address <b>P.O. BOX 13 PORT ST. JOE, FL 32457 US</b>		
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	4. FEI Number <b>59-6159259</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, W R 'BO' 8608 W HIGHWAY 98 (BEACON HILL) PORT ST. JOE, FL 32456</b>				7. Name and Address of New Registered Agent Name <b>RAYMOND AYLMER</b> Street Address (P.O. Box Number is Not Acceptable) <b>114 BRIDGEPORT LN</b> City <b>PORT ST JOE</b> FL <b>32456</b>	
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 <i>Raymond Aylmer</i> <span style="float: right;"><b>3-6-08</b></span> <small>Signature, type or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHINAZEE, HERBERT S <input type="checkbox"/> Delete 348 ATLANTIC ST PORT ST JOE, FL 32456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9330 AUGER AVE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KILBOURN, GEORGE N <input type="checkbox"/> Delete 807 LONG AVE PORT ST. JOE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6524 W. Hwy 98 (ST JOE BEACH)</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, W R 'BO' <input type="checkbox"/> Delete 8608 W HIGHWAY 98 (BEACON HILL) PORT ST. JOE, FL 32456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD RAYMOND AYLMER 114 BRIDGEPORT LN PORT ST JOE, FL 32456</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Herbert S. Phinazee</i> <b>HERBERT S. PHINAZEE</b>			<b>3-6-08</b> <b>850-647-9603</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		