2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N92000000546

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

Addition Process of European Process of Europe	1. Entity Narr WILLIS V		N POST #116, INC).					03-07-200	08 90036 0	41 ****(61.25	
Suite, Apt. F. 66C. Suite, Apt. F. 66C. Suite City & Suite City & Suite City & Suite Apt. Fill Applied For Sh-6159/250 Applied For Sh-6159/250 Sh-6159/	304 3RD STR P.O. BOX 13							•					
Chy & State City & State Cit	2. Principal Place of Business - No P.O. Box # 3. Mailing Address												
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S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Since Address of Current Registered Agent Since Address of Reg	City & State			City & State								· · · · · · · · · · · · · · · · · · ·	
WILLIAMS, W.R. 'BO' 8608 W.HIGHTWAY 98 (BEACON HILL) PORT ST. JOE, FL. 32456 8. The abover named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE PORT ST. JOE P. 32456			<u> </u>	Zip Cou				of Status Desired	Fee Required				
Signature Street Address (P. 0. Box Number is Not Acceptable) PRT ST JOE FL 32456											jent	·	
Signature State and a state an	WILLIAMS, W R 'BO'					Name	NAMERAYMOND AYLMER						
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Superior Superior forms of registered agent Post Post	8608 W HIGHWAY 98 (BEACON HILL)						\ddress (i	P.O. Box Numb	er is Not Acceptal	ble)			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Superior Superior forms of registered agent Post Post						Bity R	- 57	JOE	 ,	FL	Zip Cod	56	
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Due by May 1, 2008		Signature, typed	Por printed name of registered agen	terfolltite if applicable. (1	VOTE: Registere	ed Anert come							
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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	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DT PHINAZE 348 ATLA PORT ST VSD KILBOUR 807 LONG PORT ST PD WILLIAMS 8608 W H	OFFICERS AND DI SE, HERBERT S UNTIC ST JOE, FL 32456 EN, GEORGE N G AVE JOE, FL S, W R BO' SIGHWAY 98(BEACON	Trust Fur Delete Delete Delete Delete Delete Delete Delete	I 11. ITIN NAA SIR CITY NAA SIR	Financing tion. LE ME METADORESS Y-ST-ZIP LE METADORESS	933 653	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OFFICE	Make check orida Department of the Department of	Change Change Change Change	10	

nd accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: HERBERT S. PHINAZEE

3-4-08