2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N92000000546

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

Current Principal Place of Business:

304 3RD STR
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13
PORT ST. JOE, FL 32457 US

New Mailing Address:

FEI Number: 59-6159259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AYLMER, RAYMOND
114 BRIDGEPORT LN
PORT ST. JOE, FL 32456 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: DT ( ) Delete
Name: PHINAZEE, HERBERT S
Address: 9330 AUGER AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VSD ( ) Delete
Name: KILBOURN, GEORGE N
Address: 6524 W. HWY 98
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete
Name: WILLIAMS, W R 'BO'
Address: 8608 W HIGHWAY 98(BEACON HILL)
City-St-Zip: PORT ST. JOE, FL 32456

Title: PD ( ) Delete
Name: AYLMER, RAYMOND
Address: 114 BRIDGE PORT LN
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: EHMKE, EARL B
Address: 475 N CANAL DR
City-St-Zip: PORT SAINT JOE, FL 32456

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EARL EHMKE TRES 04/10/2009

Electronic Signature of Signing Officer or Director — Date