

FILE NOW: FILING FEE IS \$61

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra F. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002232 (5)

1. Corporation Name

VOITURE 1233-40/8 INC.



Principal Place of Business

Mailing Address

AMERICAN LEGION POST 235
105 HOLLYWOOD BLVD NW
FT WALTON BEACH FL 32548

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105 HOLLYWOOD BLVD NW
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified
05/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDANIELS, CHARLES
AMERICAN LEGION POST 235
105 HOLLYWOOD BLVD NW
FT WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
JIMMY L. PUTNAM
STREET ADDRESS
107 IRONWOOD DR.
CITY-ST-ZIP
F.W.B. FL 32547

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
JOHN J. GONTAREK
STREET ADDRESS
48 ROBINWOOD DR.
CITY-ST-ZIP
F.W.B. FL 32548

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
CHARLES E. MCDANIELS
STREET ADDRESS
401-7 MARSHALL COURT N.W.
CITY-ST-ZIP
F.W.B. FL 32548

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
TRAVIS HIBBS
STREET ADDRESS
P.O. BOX 4247 N/A
CITY-ST-ZIP
F.W.B. FL 32548

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
DANNY K. DEABERS
STREET ADDRESS
P.O. BOX 2332 N/A
CITY-ST-ZIP
F.W.B. FL 32548

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
HAROLD VISSER
STREET ADDRESS
15 FOREST GROVE PL NW
CITY-ST-ZIP
F.W.B. FL 32548

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN J. GONTAREK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. GONTAREK S 2-4-96 904-243-5866

Date:

Daytime Phone #

56 3-21-96

CR2E037 (12/95)