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FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. 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	P	<input checked="" type="checkbox"/> DELETE
NAME	BARRINGER, HARRY	
STREET ADDRESS	33A CAPE DR APT 2	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GONTAREK, JOHN J	
STREET ADDRESS	201 W LORRAINE DR	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIELS, CHARLES E	
STREET ADDRESS	401-7 MARSHALL CT NW	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIERS, TRAVIS	
STREET ADDRESS	P.O. BOX 4247 N/A	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEAVERS, DANNY K	
STREET ADDRESS	P.O. BOX 2332 N/A	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VISSER, HAROLD	
STREET ADDRESS	15 FOREST GROVE PL NW	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GONTAREK, John J	
1.3 STREET ADDRESS	201 LORRAINE DR	
1.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARRINGER, HARRY	
2.3 STREET ADDRESS	33A CAPE DR APT 2	
2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARBERT GINN, HARBERT D.	
3.3 STREET ADDRESS	114 Willard Road NW	
3.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
4.1 TITLE	B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THAYER, Richard E.	
5.3 STREET ADDRESS	2621 WILDE LANE BLVD	
5.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCDANIELS, CHARLES E.	
6.3 STREET ADDRESS	216 WATSON DRIVE	
6.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	

14. 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 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

Harold A. Banger

20 MAR 27 1998 8:00AM

CP2E037 (10/97)