

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90003 039 \*\*\*\*61.25

**DOCUMENT # N95000002232**

1. Entity Name

VOITURE 1233-40/8 INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT WALTON BCH FL

City & State

FT WALTON BEACH

Zip

32548

Country

OKALOOSA

Zip

32548

Country

OKALOOSA

6. Name and Address of Current Registered Agent

GONTAREK, JOHN  
201 W LORRAINE DRIVE  
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name SAME JOHN GONTAREK

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

201 W LORRAINE DR

City

MARY ESTHER

FL

Zip Code

32569

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

JOHN GONTAREK CHIEF DE GARD

John Gontarek

3 FEB 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

9. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME KNESE, JAMES J  
STREET ADDRESS 826 ST KITTS COVE  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE S ☒ Delete  
NAME GONTAREK, JOHN J  
STREET ADDRESS 201 W LORRAINE DR  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE T ☐ Delete  
NAME VISSER, HAL  
STREET ADDRESS 16 FORREST GROVE PLACE  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE D ☐ Delete  
NAME HIERS, TRAVIS  
STREET ADDRESS P.O. BOX 4247 N/A  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE D ☐ Delete  
NAME BARRINGER, HARRY  
STREET ADDRESS 33 A CANE DRIVE APT 2  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE D ☐ Delete  
NAME HARRINGTON, DAVID  
STREET ADDRESS 37 EAST AUDREY DRIVE  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CHIEF DE GARD ☒ Change ☐ Addition  
NAME GONTAREK JOHN  
STREET ADDRESS 201 W. LORRAINE DR  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

John Gontarek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 FEB 2004 1-850-243-5866

Date

Daytime Phone #