2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

JOHN (JONTAREK

Feb 11, 2005 8:00 am Secretary of State DOCUMENT # N95000002232 1. Entity Name 02-11-2005 90028 044 ****61.25 VOITURE 1233-40/8 INC. Principal Place of Business Mailing Address AMERICAN LEGION POST 235 105 HOLLYWOOD BLVD NW **AMERICAN LEGION POST 235** 105 HOLLYWOOD BLVD NW FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address SAME AS LISTED EBOUE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONTAREK, JOHN Street Address (P.O. Box Number is Not Acceptable) 201 W LORRAINE DRIVE MARY ESTHER FL 32569 City Zip Code 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 CORRESPONDANT (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition GONTAR JOHN NAME NAME 201 W. LORRAINE DR. STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-7IP THEF ☐ Delete TITLE Change ☐ Addition VISSER, HAL NAME NAME 16 FORREST GROVE PLACE STREET ADDRESS STREET ADDRESS FT WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-7IP TITLE Detete TITLE **Change** ☐ Addition ROBERT_TRAINOR HIERS, TRAVIS NAME NAME 430 STONEHENGE DR. P.O. BOX 4247 N/A STREET ADDRESS STREET ADDRESS MARY ESTHER FL 32569 FT WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE RICK COLE notitible BARRINGER, HARRY NAME 6609 BUSHTON 33 A CANE DRIVE APT 2 STREET ADDRESS STREET ADDRESS 32566 FT WALTON BEACH FL 32548 NAVARRE FL. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HARRINGTON, DAVID NAME NAME 37 EAST AUDREY DRIVE STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32548 CITY-ST-ZIP CITY+ST-7IP Delete TITLE DFELIX RAYMOND TITLE Addition NAME NAME 8 OKAHATCHEE CIRCLE STREET ADDRESS STREET ADDRESS FT WALTON BCH. FL 32548 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.

FILED

Daytime Phone #