

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002232

FILED
Jan 20, 2009
Secretary of State

Entity Name: VOITURE 1233-40/8 INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

ROBERT TRAINOR
430 STONEHENGE DR
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONTAREK, JOHN
201 W LORRAINE DRIVE
MARY ESTHER, FL 32569 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: D () Delete
Name: GONTAREH, JOHN
Address: 201 W. LORRAINE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: VISSER, HAL
Address: 16 FORREST GROVE PLACE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: T () Delete
Name: TRAINOR, ROBERT
Address: 430 STONEHENGE DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: COLE, RICK
Address: 6609 BUSHTON
City-St-Zip: NAVARRE, FL 32566

Title: P () Delete
Name: SESCH, JOE
Address: 2516 KINGTON RD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: SIDONI, SAMUEL
Address: P.O. BOX 271
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GONTAREH, JOHN
Address: 201 W. LORRAINE DR.
City-St-Zip: MARY ESTHER, FL 32569

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

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

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

Title: P (X) Change () Addition
Name: TRAINOR, ROBERT L
Address: 430 STONEHENGE DRIVE
City-St-Zip: MARY ESTHER, FL 32569

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: ROBERT L. TRAINOR

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date