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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713 1652

1. Corporation Name
Wakulla County Memorial Post No. 4538
P.O. Box 632
Panacea, Florida 32346

Principal Place of Business	Mailing Address
460 Coastal HWY Panacea, Florida	P.O. Box 632 Panacea, Florida

3. Date Incorporated or Qualified: 11/17/67
3a. Date of Last Report: March 4, 1996

2. Principal Place of Business — 21: 460 Coastal Hwy
Suite, Apt. #, etc. — 22:
City & State — 23: Panaca, Florida
Zip — 24: 32346 Country — 25: Wakulla

2a. Mailing Address — 26: P.O. Box 632, Panacea, Fl
Suite, Apt. #, etc. — 27:
City & State — 28: Panacea, Florida
Zip — 29: 32346 Country — 30: Wakulla

4. FEI Number — [ ] Applied For [X] 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 [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: James W. Robertson
82 Street Address (P.O. Box Number is Not Acceptable):
83: 38 Roberts St.
84 City: Sopchoppy FL 85 Zip Code: 32358

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: James W. Robertson, Judge Advocate — James W. Robertson — 4/23/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Commander James G. Taylor, 70 St. James St. P.O. Box 185, Panacea, Fl 32346 [ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	(T) Max C. Thorton 59 W. Chattahoohee Dr. Panacea, Fl 32346 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Senior Vice Commander Norman Peak 314 Frank Jones Rd Crawfordville, Fl 32327 [ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	(T) Nat R. Whaley 100 Purify Bay Rd. Crawfordville, Fl 32327 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Junior Vice Commander Theodore Metzler 41 Wakulla Cr., Panacea, Fl 32346 [ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	(T)Fred H. Donaldson 76 Bay Dr. Panacea, Fl 32346 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Quartermaster Dallas Miller 23 Treche Dr., Crawfordville Fl 32327 [ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chaplain David Faughnan 82 Fonigan Rd Sopchoppy, Fl 32358 [ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [X] Addition 5/21/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Surgeon Normand Bergeron 903 Spring Creek HWY Crawfordville, Fl 32327 [ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition 300002201703 -06/04/97--01089--011 ***61.25

CR2E037 (12/95)

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: Dallas Miller — Dallas Miller — 4-15-97 — (904) 926-5873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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