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Feb 15, 1999 8:00am
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02-15-1999 90032 009 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713652

1. Corporation Name

WAKULLA COUNTY MEMORIAL POST NO. 4538 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

460 COASTAL HWY
PANACEA FL 32346

Mailing Address

P.O. BOX 632
PANACEA FL 32346



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/17/1967

4. FEI Number
NOT APPLICABLE

Applied For
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

9. Name and Address of Current Registered Agent

ROBERTSON, JAMES W
38 ROBERTS ST.
SOPCHOPPY FL 32358

10. Name and Address of New Registered Agent

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

JAMES W. ROBERTSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-99

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME TAYLOR, JAMES
STREET ADDRESS 70 ST. JAMES ST.
CITY-ST-ZIP PANACEA FL 32346

TITLE T ☐ DELETE

NAME PAYNE, CHARLES
STREET ADDRESS 45 BURTS BRANCH
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE SVC ☐ DELETE

NAME PEAK, NORMAN
STREET ADDRESS 314 FRANK JONES RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE JVC ☐ DELETE

NAME METZLER, THEODORE
STREET ADDRESS 41 WAKULLA CR.
CITY-ST-ZIP PANACEA FL 32346

TITLE T ☐ DELETE

NAME THORTON, MAX C
STREET ADDRESS 59 W. CHATTAHOOCHEE
CITY-ST-ZIP PANACEA FL 32346

TITLE T ☐ DELETE

NAME WHALEY, NAT R
STREET ADDRESS 100 PURIFY BAY RD.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

JAMES W. ROBERTSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-32-99 (850) 9845433

CR2E037 (1/198)