

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713652

1. Entity Name

WAKULLA COUNTY MEMORIAL POST NO. 4538 VETERANS O

Principal Place of Business

460 COASTAL HWY  
PANACEA FL 32346

Mailing Address

P.O. BOX 632  
PANACEA FL 32346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, JOHN W  
674 REHWINKEL RD  
CRAWFORDVILLE FL 32327

Name

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

City

FL

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.

SIGNATURE John W. Henderson  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-09-01  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C  
NAME TAYLOR, JAMES  
STREET ADDRESS 70 ST. JAMES ST.  
CITY-ST-ZIP PANACEA FL 32346 ☐ Delete

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

TITLE T  
NAME PAYNE, CHARLES  
STREET ADDRESS 45 BURTS BRANCH  
CITY-ST-ZIP SOPSHOPPY FL 32358 ☐ Delete

TITLE T  
NAME WATHEN, CARLTON  
STREET ADDRESS P.O. Box 562  
CITY-ST-ZIP CARRABELLE, FL 32322 ☒ Change ☐ Addition

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

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

TITLE JVC  
NAME WATHEN, CARLTON L  
STREET ADDRESS P.O. BOX 562  
CITY-ST-ZIP CARRABELLE FL 32322 ☐ Delete

TITLE JVC  
NAME PAUPP, Daniel F.  
STREET ADDRESS 70 TOM WHITE LANE  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327 ☒ Change ☐ Addition

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

TITLE T  
NAME CARLIDGE, TONY  
STREET ADDRESS 21 SHORELINE DR  
CITY-ST-ZIP PANACEA, FL 32346 ☒ Change ☐ Addition

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

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

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: JAMES GAITHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-01 850-984-5433  
Date Daytime Phone #

0015499

CR2E037 (10/00)