

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713652

FILED
Apr 17, 2006
Secretary of State

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

Current Principal Place of Business:

460 COASTAL HWY
PANACEA, FL 32346

New Principal Place of Business:

475 ARRAN ROAD
CRAWFORDVILLE, FL 32327 WA

Current Mailing Address:

P.O. BOX 1034
CRAWFORDVILLE, FL 32327

New Mailing Address:

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

Name and Address of Current Registered Agent:

HENDERSON, JOHN W
24084 LOMIER ST.
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

MILLER, DALLAS W
23 TRECHE DRIVE
CRAWFORDVILLE, FL 32327 US

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: DALLAS W. MILLER

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR () Delete
Name: PEAK, NORMAN
Address: 314 FRANK JAMES RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TR () Delete
Name: CARTLIDGE, TONY C
Address: 21 SHOREDLIN DRIVE
City-St-Zip: PANACEA, FL 32346

Title: SVC () Delete
Name: COLES, REGINALD
Address: 53 PINK GREEN ROAD
City-St-Zip: SOPCHOPPY, FL 32358

Title: JVC () Delete
Name: HEATON, COLUMBUS
Address: 103 LEVY BAY ROAD
City-St-Zip: PANACEA, FL 32346

Title: T () Delete
Name: GIBBS, GRADY L JR
Address: 129 LEVY BAY RD
City-St-Zip: PANACEA, FL 32346

Title: C () Delete
Name: TULLY, CHARLES W
Address: P.O. BOX 752
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DALLAS W. MILLER

QM

04/17/2006

Electronic Signature of Signing Officer or Director

Date