

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713652

FILED  
Jan 05, 2007  
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:**

475 ARRAN ROAD  
CRAWFORDVILLE, FL 32327 WA

**New Principal Place of Business:**

**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:**

MILLER, DALLAS W  
23 TRECHE DRIVE  
CRAWFORDVILLE, FL 32327 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: 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  
Name:  
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 MILLER

QM

01/05/2007

Electronic Signature of Signing Officer or Director

Date