2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713652

FILED Jan 15, 2009 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: New Principal Place of Business:

475 ARRAN ROAD

CRAWFORDVILLE, FL 32327 W/A

Current Mailing Address: New Mailing Address:

P.O. BOX 1034

CRAWFORDVILLE, FL 32327

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, DALLAS W FETTER, ROBERT D SR

23 TRECHE DRIVE 154 JEAN DR

CRAWFORDVILLE, FL 32327 US 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: ROBERT D. FETTER 01/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

TAYLOR, JAMES PEAK, NORMAN O Name: Name: PO BOX 185 Address: 314 FRANK JONES RD Address:

City-St-Zip: PANACEA, FL 32346 City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: JR V () Delete Title: () Change () Addition

CARTLIDGE, TONY C Name: Name: Address: 21 SHOREDLINE DRIVE Address: City-St-Zip: PANACEA, FL 32346 City-St-Zip:

Title: SVC () Delete Title: () Change () Addition

NELSON, ALFRED Name: Name: 93 BAPTISHT HILL RD Address: Address: City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip:

Title: SR V () Delete Title: SR V (X) Change () Addition

Name: COMPTON, MICHAEL Name: CHICHESTER, ERNEST 21 MONTGOMERY DR Address: PO BOX 965 Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: 1YR () Delete Title: (X) Change () Addition

THORNTON, MAX GOODING, KENNETH E SR Name: Name: PO BOX 602 14 OUAPAW ST

Address: Address:

City-St-Zip: PANACEA, FL 32346 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T2YR () Delete Title: (X) Change () Addition GANEY, WILLIAM K WHALEY, NAT Name: Name:

Address: 100 PERIFY BAY RD Address: 23 BROWN DONALDSON RD CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NORMAN O. PEAK C 01/15/2009