

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713652

FILED
Jan 07, 2010
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:

FETTER, ROBERT D SR
154 JEAN DR
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: C
Name: PEAK, NORMAN O
Address: 314 FRANK JONES RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: JR V
Name: TAYLOR, JAMES
Address: P.O. BOX 185
City-St-Zip: PANACEA, FL 32346

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

Title: SR V
Name: CHICHESTER, ERNEST
Address: 525 WAKULLA ARRAN RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: 1YR
Name: GOODING, KENNETH E SR
Address: 14 QUAPAW ST
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T2YR
Name: GANEY, WILLIAM K
Address: 23 BROWN DONALDSON RD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D. FETTER

QM

01/07/2010

Electronic Signature of Signing Officer or Director

Date