


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000000393 (5) 1. Corporation Name SOUTHERN VETERANS OF THE PANHANDLE, INC.		



Principal Place of Business		Mailing Address	
4530 BAYWOODS DRIVE PENSACOLA FL 32504		4530 BAYWOODS DRIVE PENSACOLA FL 32504	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29	30

3. Date Incorporated or Qualified	01/24/1997	
4. FEI Number	59-3421863	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	

10. Name and Address of New Registered Agent	
81 Name	JAMES H. VANDEVER
82 Street Address (P.O. Box Number is Not Acceptable)	4530 BAYWOODS DR
83 City	PENSACOLA
84 City	PENSACOLA
85 Zip Code	FL 32504

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *James H. VanDever* 1/30/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VANDEVER, JAMES H
STREET ADDRESS	4530 BAYWOODS DRIVE
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	D
NAME	DUBOSE, PAUL PERRY
STREET ADDRESS	4530 BAYWOODS DRIVE
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	D
NAME	GREEN, JOHN EDWARD
STREET ADDRESS	4530 BAYWOODS DRIVE
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	VANDEVER, JAMES H
1.3 STREET ADDRESS	4530 BAYWOODS DR
1.4 CITY-ST-ZIP	PENSACOLA FL 32504
2.1 TITLE	PD
2.2 NAME	DUBOSE, PAUL PERRY
2.3 STREET ADDRESS	1170 DuBOSE RD
2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James H. VanDever* 1/30/98 (850) 478-7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # OCT4984

CR2E037 (10/97)