

**FILE NOW: FILING FEE IS \$61.25**

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96 MAR 27 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732397 (5)**  
1. Corporation Name  
**SEMINOLE COUNTY CHAPTER NO. 30, DISABLED AMERICA N VETERANS, INC.**

Principal Place of Business <b>3512 ORLANDO DR SANFORD FL 32773</b>	Mailing Address <b>3512 ORLANDO DR SANFORD FL 32773</b>
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**400001759134**  
-03/27/96--01034--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

2. Principal Place of Business <b>21 SAME AS ABOVE</b>		2a. Mailing Address <b>26 SAME AS ABOVE</b>		3. Date Incorporated or Qualified <b>04/09/1975</b>	3a. Date of Last Report <b>02/17/1995</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-6198781</b>	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SAMPSON, CARNELIUS 203 COLONIAL WAY SANFORD FL 32773</b>				10. Name and Address of New Registered Agent			
				81 Name <b>ALFRED G EVANS</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>712 W LK MARY BLVD</b>			
				83 City <b>SANFORD</b>			
				84 State <b>FL</b>	85 Zip Code <b>32773</b>		

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: *Alfred G Evans* **ALFRED G EVANS** DATE: **1/15/96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	COMMANDER/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAMPSON, CORNELIUS		1.2 NAME	ALFRED G EVANS			
STREET ADDRESS	203 COLONIAL WAY		1.3 STREET ADDRESS	712 W LK MARY BLVD			
CITY-ST-ZIP	SANFORD FL 32793		1.4 CITY-ST-ZIP	SANFORD FL 32773			
TITLE	DVC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	sr. vice/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEST, HARRY		2.2 NAME	BILL AUSTING			
STREET ADDRESS	41 HACIENDA VILLAGE		2.3 STREET ADDRESS	101 N HAMPTON DR			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2.4 CITY-ST-ZIP	SANFORD FL 32773			
TITLE	DVC	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	1ST JR VICE/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EVANS, ALFRED		3.2 NAME	JOSEPH R DEAN			
STREET ADDRESS	702 LAKE MARY BLVD.		3.3 STREET ADDRESS	703 BRIARCLIFFE ST			
CITY-ST-ZIP	SANFORD FL 32773		3.4 CITY-ST-ZIP	SANFORD FL 32773			
TITLE	TA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	ADJUTANT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HART, PAULA		4.2 NAME	JACQUELINE LUTHER			
STREET ADDRESS	324 CELLOCIRCLE		4.3 STREET ADDRESS	7343 SYLVAN DR			
CITY-ST-ZIP	WINTER SPRINGS FL 32773		4.4 CITY-ST-ZIP	SANFORD FL 32771			
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHAFFER, RONALD		5.2 NAME	same			
STREET ADDRESS	1172 TROTWOOD BLVD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL 32708		5.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	LOUNGE MANAGER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FAULKNER, JACK		6.2 NAME	FRED BURGER			
STREET ADDRESS	1028 S. PINERIDGE CR.		6.3 STREET ADDRESS				
CITY-ST-ZIP	SANFORD FL 32771		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Alfred G Evans* **ALFRED G EVANS** DATE: **1/15/96** **323-2710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (12/95)