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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732397 (5)

1. Corporation Name

**SEMINOLE COUNTY CHAPTER NO. 30, DISABLED AMERICA
N VETERANS, INC.**

Principal Place of Business

Mailing Address

3512 ORLANDO DR
SANFORD FL 32773

3512 ORLANDO DR
SANFORD FL 32773



400001759134

-03/27/96--01034--001

*****70.00 *****70.00

3. Date Incorporated or Qualified 04/09/1975	3a. Date of Last Report 02/17/1995
4. FEI Number 59-6198781	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMPSON, CARNELIUS
203 COLONIAL WAY
SANFORD FL 32773**

81 Name ALFRED G EVANS
82 Street Address (P.O. Box Number is Not Acceptable) 712 W LK MARY BLVD
83 SANFORD
84 City
85 Zip Code FL 32773

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**

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 same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAFFER, RONALD		5.2 NAME	
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* DATE: **1/15/96** 323-2710

CR2E037 (12/95)