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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732397 (5)

1. Corporation Name
SEMINOLE COUNTY CHAPTER NO. 30, DISABLED AMERICAN VETERANS, INC.



Principal Place of Business 3512 ORLANDO DR SANFORD FL 32773	Mailing Address 3512 ORLANDO DR SANFORD FL 32773-5610
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3. Date Incorporated or Qualified 04/09/1975	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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4. FEI Number 59-6198781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

9. Name and Address of Current Registered Agent

**EVANS, ALFRED G
712 W LK MARY BLVD
SANFORD FL 32773**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	EVANS, ALFRED G	
STREET ADDRESS	712 W LK MARY BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AUSTING, BILL	
STREET ADDRESS	101 N HAMPTON DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEAN, JOSEPH R	
STREET ADDRESS	703 BRIARCLIFFE ST	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	LUTHER, JACQUELINE	
STREET ADDRESS	7343 SYLVAN DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, RONALD	
STREET ADDRESS	1172 TROTWOOD BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	LM	<input checked="" type="checkbox"/> DELETE
NAME	BURGER, FRED	
STREET ADDRESS	1028 S. PINERIDGE CR.	
CITY-ST-ZIP	SANFORD FL 32771	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	303 HIDDEN PINES C/A
2.4 CITY-ST-ZIP	CASSLERDALE, FL 32707
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	A
4.3 STREET ADDRESS	SCHROEDER, KIM
4.4 CITY-ST-ZIP	1911 N. PORTILLO DR DELTONA, FL 32725
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	LAYER, RODNEY L
5.4 CITY-ST-ZIP	6275 S. SYLVAN LK DR SANFORD, FL 32771
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LM
6.3 STREET ADDRESS	WILKINS, WILLIAM
6.4 CITY-ST-ZIP	105 LAKE BOY DR SANFORD, FL 32773

14. I do 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 _____

CR2E037 (9/96)