

FILE NOW: FILING FEE IS \$61.25

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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3512 ORLANDO DR SANFORD FL 32773</b>	Mailing Address <b>3512 ORLANDO DR SANFORD FL 32773-5610</b>
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3. Date Incorporated or Qualified <b>04/09/1975</b>	3a. Date of Last Report <b>03/27/1996</b>
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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 <b>59-6198781</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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>
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	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, ALFRED G</b>	
STREET ADDRESS	<b>712 W LK MARY BLVD</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>AUSTING, BILL</b>	
STREET ADDRESS	<b>101 N HAMPTON DR</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, JOSEPH R</b>	
STREET ADDRESS	<b>703 BRIARCLIFFE ST</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>A</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUTHER, JACQUELINE</b>	
STREET ADDRESS	<b>7343 SYLVAN DR</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHAFFER, RONALD</b>	
STREET ADDRESS	<b>1172 TROTWOOD BLVD.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>LM</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURGER, FRED</b>	
STREET ADDRESS	<b>1028 S. PINERIDGE CR.</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	

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	<b>303 HIDDEN PINES CIR</b>
2.4 CITY-ST-ZIP	<b>CASSALORAY, FL 32707</b>
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	<b>A</b>
4.3 STREET ADDRESS	<b>SCHROEDER, KIM</b>
4.4 CITY-ST-ZIP	<b>1911 N. PORTILLO DR DELTONA, FL 32725</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>T</b>
5.3 STREET ADDRESS	<b>LAYER, RODNEY L</b>
5.4 CITY-ST-ZIP	<b>6275 S. SYLVAN LK DR SANFORD, FL 32771</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LM</b>
6.3 STREET ADDRESS	<b>WILKINS, WILLIAM</b>
6.4 CITY-ST-ZIP	<b>105 LAKE BOY DR SANFORD, FL 32773</b>

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: *Alfred G. Evans* *William Wilkins*

CR2E037 (9/96)