

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 09 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 # 732397 (5)
 1. Corporation Name
 SEMINOLE COUNTY CHAPTER NO. 30, DISABLED AMERICA
 IN VETERANS, INC.



Principal Place of Business Mailing Address
 3512 ORLANDO DR SANFORD FL 32773
 3512 ORLANDO DR SANFORD FL 32773

3. Date Incorporated or Qualified
 04/09/1975
 4. FEI Number
 59-6198781
 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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 HARRY WEST
 82 Street Address (P.O. Box Number is Not Acceptable)
 41 LA VISTA DR E.
 83
 84 City WINTER SPRINGS FL 85 Zip Code 32708

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 *[Signature]* HARRY WEST, COMMANDER 7-6-98
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DC <input checked="" 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	305 HIDDEN PINES CIR
CITY-ST-ZIP	CCASSALBERRY FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DEAN, JOSEPH R
STREET ADDRESS	705 BRIARCLIFFE ST
CITY-ST-ZIP	SANFORD FL 32773
TITLE	A <input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, KIRT
STREET ADDRESS	1911 N PASTILLO DR
CITY-ST-ZIP	DELTONA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LAVERA, RODNEY
STREET ADDRESS	8275 S SYLVANE LN DR
CITY-ST-ZIP	SYSLVAN FL
TITLE	M <input type="checkbox"/> DELETE
NAME	WILKINS, WILLIAMS
STREET ADDRESS	105 LAKE BOY DR
CITY-ST-ZIP	SANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DC WEST HARRY
1.3 STREET ADDRESS	41 LA VISTA DR E
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHROEDER, KURT
2.3 STREET ADDRESS	1911 N. PASTILLO DR
2.4 CITY-ST-ZIP	DELTONA, FL 32738
3.1 TITLE	VD JERRY CAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2818 S. SANFORD AVE
3.4 CITY-ST-ZIP	SANFORD, FL 32773
4.1 TITLE	MS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NEWTON, STANLEY H.
4.3 STREET ADDRESS	5604 NORTH ROAD
4.4 CITY-ST-ZIP	SANFORD, FL 32771-9291
5.1 TITLE	T NEWTON, STANLEY H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5604 NORTH ROAD
5.4 CITY-ST-ZIP	SANFORD, FL 32771-9291
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* STANLEY H. NEWTON 407 771-6278
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)