

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90063 033 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 732397**

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/09/1975</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-6198781</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip <sub>1</sub> Country	28	Zip      Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WEST, HARRY</b> <b>41 LA VISTA DR E</b> <b>WINTER SPRINGS FL 32708</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: Ronald D Shaffer **RONALD D SHAFER, TREASURER**      DATE: **6 JAN 99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, HARRY</b>	1.2 NAME	
STREET ADDRESS	<b>41 LA VISTA DR E</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUSTING, BILL</b>	2.2 NAME	<b>KURT SHROEDER</b>
STREET ADDRESS	<b>303 HIDDEN PINES CIR</b>	2.3 STREET ADDRESS	<b>1911 N PORTLAND DR.</b>
CITY-ST-ZIP	<b>CASSALBERRY FL</b>	2.4 CITY-ST-ZIP	<b>DELTONA FL 32738</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAIN, JERRY</b>	3.2 NAME	
STREET ADDRESS	<b>2818 S SANFORD AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWTON, STANLEY M</b>	4.2 NAME	<b>FRANK KOLOWSKY</b>
STREET ADDRESS	<b>5604 NORTH RD</b>	4.3 STREET ADDRESS	<b>PO BOX 5400</b>
CITY-ST-ZIP	<b>SANFORD FL 32771-9291</b>	4.4 CITY-ST-ZIP	<b>DELTONA FL 32728</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWTON, STANLEY H</b>	5.2 NAME	<b>RONALD D SHAFER</b>
STREET ADDRESS	<b>5604 NORTH RD</b>	5.3 STREET ADDRESS	<b>1172 FROTHOOD BLVD</b>
CITY-ST-ZIP	<b>SANFORD FL 32771-9291</b>	5.4 CITY-ST-ZIP	<b>WINTER PGS FL 32708</b>
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINS, WILLIAMS</b>	6.2 NAME	
STREET ADDRESS	<b>105 LAKE BOY DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	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, with all other like empowered.

SIGNATURE: Ronald D Shaffer **RONALD D SHAFER, TREASURER**      DATE: **6 JAN 99**

CR2E037 (11/98)