

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732397

FILED  
May 05, 2005  
Secretary of State

**Entity Name:** SEMINOLE COUNTY CHAPTER NO. 30, DISABLED AMERICAN VETERANS, INC.

**Current Principal Place of Business:**

3512 ORLANDO DR  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

3512 ORLANDO DR  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 59-6198781      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DEAN, JOSEPH R  
703 BRIARCLIFFE ST  
SANFORD, FL 32773      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: DEAN, JOSEPH R  
Address: 703 BRIAN CLIFFE ST  
City-St-Zip: SANFORD, FL 32773

Title: VD      ( ) Delete  
Name: LYONS, PATRICK  
Address: 1430 N INDIANA ST  
City-St-Zip: SANFORD, FL 32771

Title: VD      ( ) Delete  
Name: BESSETTE, HENRY R  
Address: 213 HAMPTON CT  
City-St-Zip: SANFORD, FL 32773

Title: S      ( ) Delete  
Name: BOOMHAWER, ROBERT  
Address: 496 LANCERS DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T      ( ) Delete  
Name: MACKEY, JOHN E  
Address: 714 BAYWOOD CIRCLE  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. MACKEY

T

05/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date