

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90144 034 ****61.25

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DOCUMENT # 732397

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-6198781**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DEAN, JOSEPH
703 BRIARCLIFFE STREET
SANFORD FL 32773**

7. Name and Address of New Registered Agent
Name **CORNELIUS F. SAMPSON**
Street Address (P.O. Box Number is Not Acceptable)
203 COLONIAL WAY
City **SANFORD** FL Zip Code **32771**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cornelius F Sampson DC DATE 12 JUNE 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE DC	<input checked="" type="checkbox"/> Delete
NAME DEAN, JOSEPH JR	
STREET ADDRESS 703 BRIARCLIFFE ST	
CITY-ST-ZIP SANFORD FL 32773	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME WEST, HARRY	
STREET ADDRESS 41 LAVISTA DR E	
CITY-ST-ZIP WINTER SPRINGS FL 32708	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME SCHROEDER, KURT	
STREET ADDRESS 1911 N PORTILLO DR	
CITY-ST-ZIP DELTONA FL 32738	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME FERRIN, KEN	
STREET ADDRESS 50 DOWNING STREET	
CITY-ST-ZIP SANFORD FL 32773	
TITLE TM	<input checked="" type="checkbox"/> Delete
NAME MACKAY, JOHN E	
STREET ADDRESS 714 BAYWOOD CIR	
CITY-ST-ZIP SANFORD FL 32773	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAMPSON, CORNELIUS F.	
STREET ADDRESS 203 COLONIAL WAY	
CITY-ST-ZIP SANFORD, FL 32771	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOULEY, ERNEST F.	
STREET ADDRESS 345 MILLER RD	
CITY-ST-ZIP SANFORD, FL 32773	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BESSETTE, HENRY R.	
STREET ADDRESS 213 HAMPTON, CT	
CITY-ST-ZIP SANFORD, FL 32773	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOMHOWER, ROBERT	
STREET ADDRESS 496 LANCERS DR	
CITY-ST-ZIP WINTER SPRINGS, FL 32708	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALTMAN, ESSIE J.	
STREET ADDRESS 59 KENT CT.	
CITY-ST-ZIP SANFORD, FL 32773	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNELIUS F SAMPSON **CORNELIUS F SAMPSON** 12 JUNE 03 901 330 4445

CR2E037 (10/02)