FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:08

DOCUMENT # 739415 (8)

1. Corporation Name
DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER #1 09, INC.

Principal Place of Business	Mailing Address
435 N SINGLETON AVE TITUSVILLE FL 32796	435 N SINGLETON AVE TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1977
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-0193790 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

DEBOURKE, JOHN M
1623 RICE AVE.
TITUSVILLE FL 32780

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANTLAND, ARCUE B	1.2 NAME	
STREET ADDRESS	4116 WOODLAND COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	MCDONALD, WILLIAM F.	2.2 NAME	KEVIN M. KNIGHT
STREET ADDRESS	4575 COMFORT ST	2.3 STREET ADDRESS	2060 PALOMINO DRIVE
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	TITUSVILLE, FLA 32796.
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CULPPER, TICHARD	3.2 NAME	
STREET ADDRESS	2735 YORKSHIRE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	VPD ☒ Change ☐ Addition
NAME	CARLSON, THOMAS C	4.2 NAME	THOMAS F. PATTON
STREET ADDRESS	1950 SMITH DR	4.3 STREET ADDRESS	1107 MURTLE LN
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	COCOA, FL 32922
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	STITT, ROBERT H	5.2 NAME	
STREET ADDRESS	236 OLMSTEAD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	WHITFIELD, CECIL D	6.2 NAME	
STREET ADDRESS	1647 N SINGLETON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1/24/94 (407) 269-4720105
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

269-1340

0033203