FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **06/16/1977**
3a. Date of Last Report: **02/10/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	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	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	KNIGHT, KEVIN M.		2.2 NAME	FORD, DENIS K	
STREET ADDRESS	2060 PALOMINO DRIVE		2.3 STREET ADDRESS	4677 NADAR LANE	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CULPPER, TICHARD		3.2 NAME	McDONALD, WILLIAM	
STREET ADDRESS	2735 YORKSHIRE DR		3.3 STREET ADDRESS	4575 COMFORT ST	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	COCOA, FL. 32927	
TITLE	VPD	☒ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	PATTON, THOMAS F.		4.2 NAME	SNOW, WILLIAM	
STREET ADDRESS	1107 MURTLE LANE		4.3 STREET ADDRESS	2754 YORKSHIRE DR.	
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32796	
TITLE	S	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	STITT, ROBERT H		5.2 NAME	RONALD BARNES	
STREET ADDRESS	236 OLMSTEAD DR.		5.3 STREET ADDRESS	2547 PALM AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780		5.4 CITY-ST-ZIP	MIMS, FL. 32754	
TITLE	TD	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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: _____ JAN 25 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #