**FILE NOW: FILING FEE IS $61.25**

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>TITUSVILLE FL 32796 | 435 N SINGLETON AVE<br>TITUSVILLE FL 32796-2556 |

3. Date Incorporated or Qualified: 06/16/1977
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 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 | | ☐ Change ☐ Addition |
| NAME | FORD, DENIS K. | | 2.2 NAME | | |
| STREET ADDRESS | 4677 NADER LANE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MCDONALD, WILLIAM | | 3.2 NAME | KELLY, KEITH D. | |
| STREET ADDRESS | 4575 COMFORT STREET | | 3.3 STREET ADDRESS | 4715 ESTRADA LN | |
| CITY-ST-ZIP | COCOA FL | | 3.4 CITY-ST-ZIP | MIMS, FL 32754 | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SNOW, WILLIAM | | 4.2 NAME | | |
| STREET ADDRESS | 2754 YORKSHIRE DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARNES, RONALD | | 5.2 NAME | | |
| STREET ADDRESS | 2547 PALM AVENUE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIMS FL | | 5.4 CITY-ST-ZIP | | |
| 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 (9/96)

14. I do 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.

SIGNATURE: [illegible] (NAME AND TITLE) (DATE)