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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-0193790 ☐ Applied For ☐ Not Applicable

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)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: LEAVEL John C.
82 Street Address (P.O. Box Number is Not Acceptable): 2747 YORKSHIRE DR
83: TITUSVILLE
84 City: TITUSVILLE FL 85 Zip Code: 32796

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: John C. Leavel 5-13-98
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	D	☒ Change ☐ Addition
NAME	GRANTLAND, ARCUE B		1.2 NAME	ALLEN CARL JR	
STREET ADDRESS	4116 WOODLAND COURT		1.3 STREET ADDRESS	3625 CARTER RD	
CITY-ST-ZIP	MIMS FL 32754		1.4 CITY-ST-ZIP	MIMS, FL 32754	
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		☐ Change ☐ Addition
NAME	KELLY, KEITH D.		3.2 NAME		
STREET ADDRESS	4715 ESTRADA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIMS FL		3.4 CITY-ST-ZIP		
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		

14. 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 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: SIGNATURE REQUIRED

CR2E037 (10/97)