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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739415**

1. Corporation Name

DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER #1 09, INC.

152533 · 90018 · 20

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/16/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0193790 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~LEAVEL, JOHN C~~
~~2747 YORKSHIRE DRIVE~~
~~TITUSVILLE FL 32796~~

ROBERT H STITT
236 OLMSTEAD DR
TITUSVILLE, FL 32780

10. Name and Address of New Registered Agent

81 Name ROBERT H. STITT
82 Street Address (P.O. Box Number is Not Acceptable) 236 OLMSTEAD DR
83
84 City TITUSVILLE FL 85 Zip Code 32780

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 ROBERT H. STITT — Robert H Stitt — 1/5/99
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	PRESIDENT ☐ Change ☐ Addition
NAME	~~ALLEN, JR CARL~~ DONALD BOYCE		1.2 NAME	DONALD BOYCE
STREET ADDRESS	~~3625 CARTER RD~~		1.3 STREET ADDRESS	481 N. WASHINGTON AVE LOT 32
CITY-ST-ZIP	~~MIMI FL 32754~~		1.4 CITY-ST-ZIP	TITUSVILLE, FL. 32796
TITLE	PD	☑ DELETE	2.1 TITLE	VICE PRESIDENT ☐ Change ☐ Addition
NAME	FORD, DENIS K.		2.2 NAME	DAVID FEHER
STREET ADDRESS	4677 NADER LANE		2.3 STREET ADDRESS	1333 CHEney HWY APT H
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780
TITLE	D	☑ DELETE	3.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	KELLY, KEITH D.		3.2 NAME	EDWARD LYONS
STREET ADDRESS	4715 ESTRADA LANE		3.3 STREET ADDRESS	120 W TOWNE PL
CITY-ST-ZIP	MIMS FL		3.4 CITY-ST-ZIP	TITUSVILLE, FL. 32796.
TITLE	V	☑ DELETE	4.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	SNOW, WILLIAM		4. 2 NAME	CALVIN LYBOLT
STREET ADDRESS	2754 YORKSHIRE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780
TITLE	D	☑ DELETE	5.1 TITLE	TREASURER ☐ Change ☐ Addition
NAME	BARNES, RONALD		5.2 NAME	MICHAEL CAVALERA
STREET ADDRESS	2547 PALM AVENUE		5.3 STREET ADDRESS	6201 SLOPPY HOLLOW
CITY-ST-ZIP	MIMS FL		5.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	TD	☑ DELETE	6.1 TITLE	SECRETARY ☐ Change ☐ Addition
NAME	WHITFIELD, CECIL D		6.2 NAME	ROBERT H. STITT
STREET ADDRESS	1647 N SINGLETON AVE		6.3 STREET ADDRESS	236 OLMSTEAD DR.
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP	TITUSVILLE, FL 32780

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Donald Boyce SIGNATURE REQUIRED DONALD BOYCE CHAIRMAN — 1/5/98 — 407 269-9679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #