

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 15, 2004 8:00 am
Secretary of State

04-26-2004 90496 028 ****61.25

DOCUMENT # 739415

1. Entity Name

**DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER
#109, INC.**



Principal Place of Business

**435 N SINGLETON AVE
TITUSVILLE FL 32796**

Mailing Address

**435 N SINGLETON AVE
TITUSVILLE FL 32796**

66429964



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0193790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, GEORGE
2439 KITTLES ST
MIMS FL 32754**

Name

Street Address (P.O. Box Numbers Not Acceptable)

Thomas P. Patton

4375 Fay Blvd

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas P. Patton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	RAMOS, ISAAC	
STREET ADDRESS	1650 LINCH CIR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VP	☒ Delete
NAME	TAYLOR, GEORGE	
STREET ADDRESS	2439 KITTLES ST	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	D	☒ Delete
NAME	PATTON, TOM	
STREET ADDRESS	4375 FAY BLVD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	☒ Delete
NAME	ROCHA, KEVIN	
STREET ADDRESS	2439 KITTLES STREET	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	T	☒ Delete
NAME	ARNOLD, TALI J	
STREET ADDRESS	1600 ORIOLE CT	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	☒ Delete
NAME	PESANTE, SACINTO JR	
STREET ADDRESS	3424 ELDER ST	
CITY-ST-ZIP	TITUSVILLE FL 32796	

TITLE	P	☒ Change ☒ Addition
NAME	Thomas Patton	
STREET ADDRESS	4375 Fay Blvd.	
CITY-ST-ZIP	Port Saint John, FL 32927	
TITLE	VP	☒ Change ☒ Addition
NAME	Roger Pollock	
STREET ADDRESS	2983 Crystal Court	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	D	☐ Change ☒ Addition
NAME	Edward T. Lyons	
STREET ADDRESS	120 West Towne Place	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	D	☐ Change ☒ Addition
NAME	Donald Boyce	
STREET ADDRESS	481 North Washington Ave. Lot 28	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	T	☐ Change ☒ Addition
NAME	Kathleen Collins	
STREET ADDRESS	4380 Buttonbush Drive	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	S	☐ Change ☒ Addition
NAME	Kathleen Collins	
STREET ADDRESS	4380 Buttonbush Drive	
CITY-ST-ZIP	Titusville, FL 32796	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas P. Patton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/04

DATE

321-269-0109

DAYTIME PHONE #