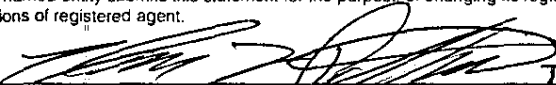


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 739415 1. Entity Name DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER #109, INC.						FILED 04 SEP -1 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 435 N SINGLETON AVE TITUSVILLE, FL 32796				Mailing Address 435 N SINGLETON AVE TITUSVILLE, FL 32796				
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PATTON, THOMAS F. 4375 FAY BLVD PORT SAINT JOHN, FL 32927				Name Street Address (P.O. Box Number is Not Acceptable) City 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  Signature, typed or printed name of registered agent and title if applicable.				THOMAS F. PATTON, COMMANDER (NOTE: Registered Agent signature required when re-registering)				DATE 8/10/2004
Amended AR is \$61.25				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		TITLE	☐ Change ☐ Addition			
NAME	PATTON, THOMAS			NAME	000040812040			
STREET ADDRESS	4375 FAY BLVD			STREET ADDRESS	09/03/04--01060--003 **61.25			
CITY-ST-ZIP	PORT SAINT JOHN, FL 32927			CITY-ST-ZIP				
TITLE	VP	☒ Delete		TITLE	☐ Change ☒ Addition			
NAME	POLLOCK, ROGER			NAME	RAMOS, ISAAC			
STREET ADDRESS	2983 CRYSTAL COURT			STREET ADDRESS	1650 LEACH CIRCLE			
CITY-ST-ZIP	TITUSVILLE, FL 32780			CITY-ST-ZIP	TITUSVILLE, FL 32780			
TITLE	D	☒ Delete		TITLE	☐ Change ☒ Addition			
NAME	LYONS, EDWARD T			NAME	STRINGFELLOW, GEORGE T.			
STREET ADDRESS	120 WEST TOWNE PL			STREET ADDRESS	4825 CATHEDRAL WAY			
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	TITUSVILLE, FL 32780			
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition			
NAME	BOYCE, DONALD			NAME				
STREET ADDRESS	481 NORTH WASHINGTON AVE LOT 28			STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP				
TITLE	T	☒ Delete		TITLE	☐ Change ☒ Addition			
NAME	COLLINS, KATHLEEN			NAME	POLLOCK, ROGER L.			
STREET ADDRESS	4380 BUTTONBUSH DR			STREET ADDRESS	2983 CRYSTAL CT.			
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	TITUSVILLE, FL 32780			
TITLE	S	☒ Delete		TITLE	☐ Change ☒ Addition			
NAME	COLLINS, KATHLEEN			NAME	POLLOCK, ROGER L.			
STREET ADDRESS	4380 BUTTONBUSH DR			STREET ADDRESS	2983 CRYSTAL CT.			
CITY-ST-ZIP	TITUSVILLE, FL 32796			CITY-ST-ZIP	TITUSVILLE, FL 32780			
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: 				ROGER L. POLLOCK, Adjutant				8/10/04 320-269-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date				Daytime Phone #