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	Mailing Address
435 N SINGLETON AVE TITUSVILLE, FL 32796	435 N SINGLETON AVE TITUSVILLE, FL 32796

08052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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
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 THOMAS F. PATTON, COMMANDER 8/10/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATTON, THOMAS 4375 FAY BLVD PORT SAINT JOHN, FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 00004081 2040 09/03/04--01060--003 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POLLOCK, ROGER 2983 CRYSTAL COURT TITUSVILLE, FL 32780	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ■ Addition RAMOS, ISAAC 1650 LEACH CIRCLE TITUSVILLE, FL 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYONS, EDWARD T 120 WEST TOWNE PL TITUSVILLE, FL 32796	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ■ Addition STRINGFELLOW, GEORGE T. 4825 CATHEDRAL WAY TITUSVILLE, FL 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYCE, DONALD 481 NORTH WASHINGTON AVE LOT 28 TITUSVILLE, FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLLINS, KATHLEEN 4380 BUTTONBUSH DR TITUSVILLE, FL 32796	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ■ Addition POLLOCK, ROGER L. 2983 CRYSTAL CT. TITUSVILLE, FL 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLLINS, KATHLEEN 4380 BUTTONBUSH DR TITUSVILLE, FL 32796	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ■ Addition POLLOCK, ROGER L. 2983 CRYSTAL CT. 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 8/10/04 321-269-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #