2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

DOCUMENT# 739415

Entity Name: DISABLED AMERICAN VETERANS TITUSVILLE CHAPTER #109, INC.

Current Principal Place of Business:

435 N SINGLETON AVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

435 N SINGLETON AVE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-0193790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTON, CHARLES W
169 VANGUARD CIRCLE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: WESTON, CHARLES W
Address: 160 VANGUARD CIRCLE
City-St-Zip: COCOA, FL 32926

Title: VP
Name: WHELPLEY, MICHAEL H
Address: 520 LICOLN AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: POLLOCK, ROGER L
Address: 2983 CRYSTAL CT.
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: HARDING, PETER S
Address: 5281 CARRICK RD
City-St-Zip: COCOA, FL 32927

Title: T
Name: PATTON, THOMAS F
Address: 6790 GRISSOM PKWY
City-St-Zip: COCOA, FL 32927

Title: S
Name: HARDING, PETER S
Address: 5281 CARRICK RD.
City-St-Zip: COCOA, FL 32927

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES W WESTON P 04/20/2010

Electronic Signature of Signing Officer or Director — Date