

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 10, 1999 8:00 am
Secretary of State

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1. Corporation Name

BEVERLY HILLS, CHAPTER 21, DISABLED AMERICAN VET
ERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business
9838 BAYVIEW AVENUE
JACKSONVILLE FL 32208-1547

Mailing Address
9838 BAYVIEW AVENUE
JACKSONVILLE FL 32208-1547



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/04/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6196586

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOONOVER, JACKIE R
5617 N PEARL ST
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 CD ☐ DELETE
NAME SHAW, EUGENE
STREET ADDRESS 218 KIRK RD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE V/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME ROYAL, JACOB
STREET ADDRESS 621 BIRD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TAD ☐ DELETE
NAME PAUL, DAN
STREET ADDRESS RT 5 BOX 9495
CITY-ST-ZIP HILLIARD FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME SCHOONOVER, JACKIE
STREET ADDRESS 5617 N PEARL ST
CITY-ST-ZIP JACKSONVILLE FL 32208

4.1 TITLE C/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DUBBERLY, THURMAN C
STREET ADDRESS 1433 JODIOR RD
CITY-ST-ZIP JACKSONVILLE FL 32218

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE T/D ☐ Change ☒ Addition
6.2 NAME CALVIN, H. HEDGECOCK
6.3 STREET ADDRESS 3945 PITTMAN DR E
6.4 CITY-ST-ZIP JACKSONVILLE FL 32207

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:

Calvin H. Hedgcock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-99

Date

904-733-1295

Daytime Phone #

CR2E037 (11/98)