FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765743 (0)

1. Corporation Name

ORANGE PARK CHAPTER 38, DISABLED AMERICAN VETERA NS, DEPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business
P.O BOX 203
ORANGE PARK FL 32065-0203

Mailing Address
P.O BOX 203
ORANGE PARK FL 32065-0203

3. Date Incorporated or Qualified: 11/19/1982
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BELAND, HARVEY P.
2990 PONY LANE
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BELAND, H. PAUL	
STREET ADDRESS	2990 PONY LANE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	PD	☐ DELETE
NAME	VARGA, ALEXANDER B	
STREET ADDRESS	591 GULFSTREAM TRAIL S	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TD	☐ DELETE
NAME	BRIGGS, JAMES	
STREET ADDRESS	451 BLAIRMORE BLVD.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TD	☐ DELETE
NAME	NAGY, JULES	
STREET ADDRESS	380 AQUARIUS CONCOURSE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	☐ DELETE
NAME	BARANOWSKI, ELMER	
STREET ADDRESS	1698 DEBBIE LN.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	☐ DELETE
NAME	HOLLERS, ALLAN S	
STREET ADDRESS	227 BLAIRMORE BLVD	
CITY-ST-ZIP	ORANGE PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] COMMANDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96
Date

904-269-2945
Daytime Phone #