SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Aug 19 1998 8:00am
Secretary of State

000073

DOCUMENT # 765743 (0)

1. Corporation Name

ORANGE PARK CHAPTER 38, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
~~P.O. BOX 208~~ 470 MADEIRA Dr. ORANGE PARK FL ~~32065-0208~~ 32073	470 MADEIRA Dr. ~~P.O. BOX 208~~ ORANGE PARK FL ~~32065-0208~~ 32073

3. Date Incorporated or Qualified: 11/19/1982

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 470 MADEIRA Dr.	26 470 MADEIRA Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORANGE PARK, FL.	28 City & State: ORANGE PARK, FLA.
24 Zip: 32073 25 Country: CLAY	29 Zip: 32073 30 Country: CLAY

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELAND, H. PAUL		1.2 NAME		
STREET ADDRESS	2990 PONY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VARGA, ALEXANDER B		2.2 NAME		
STREET ADDRESS	591 GULFSTREAM TRAIL S		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, JAMES		3.2 NAME		
STREET ADDRESS	451 BLAIRMORE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, ARTHUR L		4.2 NAME		
STREET ADDRESS	364 LIDO PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARANOWSKI, ELMER		5.2 NAME		
STREET ADDRESS	1698 DEBBIE LN.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLLERS, ALLAN S		6.2 NAME		
STREET ADDRESS	227 BLAIRMORE BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: ALEXANDER B. VARGA Alexander B Varga 9-12-98 904-266-2948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #