

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 765743

1. Corporation Name

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

Principal Place of Business

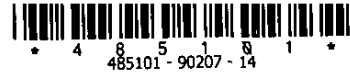
470 MADEIRA DR
ORANGE PARK FL 32073
US

Mailing Address

470 MADEIRA DR
ORANGE PARK FL 32073
US

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90207 014 ****61.25



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
11/19/1982

4. FEI Number
NOT APPLICABLE

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NICHOLS, ARTHUR L	
STREET ADDRESS	364 LIDO PL	
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	MANAGING DIRECTOR
3.3 STREET ADDRESS	JULES NAGY.
3.4 CITY-ST-ZIP	380 AQUARIUS COURT.
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	TREASURER.
4.3 STREET ADDRESS	JULES NAGY JR.
4.4 CITY-ST-ZIP	622 FILMORE ST. #126
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	

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: **ALEXANDER B VARGA** 4-27-99 904-272-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)