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

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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

485101 - 90207 - 14

Principal Place of Business	Mailing Address
470 MADEIRA DR ORANGE PARK FL 32073 US	470 MADEIRA DR ORANGE PARK FL 32073 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/19/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$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 _____ 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	MANAGEING DIRECTOR	☐ Change ☑ Addition
NAME	BRIGGS, JAMES		3.2 NAME	JULES NAGY.	
STREET ADDRESS	451 BLAIRMORE BLVD.		3.3 STREET ADDRESS	380 AQUARIOUS COURT.	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	ORANGE PARK, FLA. 32073	
TITLE	TD	☑ DELETE	4.1 TITLE	TREASURER.	☐ Change ☑ Addition
NAME	NICHOLS, ARTHUR L		4.2 NAME	JULES NAGY JR.	
STREET ADDRESS	364 LIDO PL		4.3 STREET ADDRESS	622 FILMORE ST. #126	
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP	ORANGE PARK, FLA 32073	
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		

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: ALEX ALEXANDER B VARGA 4-27-99 904-272-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)