2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90058 038 ****61.25

DOCUMENT # 765743

1. Entity Name

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

50009612

1st MOORE CR2E037 (10/04)

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, KENNETH J
390 BEN HARRISON ST
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name: BURNESS G. POWELL JR

Street Address (P.O. Box Number is Not Acceptable): 392 EDSON DR

City: ORANGE PARK FL Zip Code: 32073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Burness G Powell Jr DATE: JAN 27, 2005

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

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALKER, DARLENE 2640 HOLLY POINT ROAD W ORANGE PARK FL 32073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURNESS G. POWELL JR 392 EDSON DR ORANGE PARK, FL, 32073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLERS, ALLAN J 227 BLAIRMORE BLVD. ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, KENNETH 590 BEN HARRISON ST ORANGE PARK FL 32073	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~WILLIAM R. D~~ WILLIAM C. SWEENEY 2068 FARM WAY MIDDLEBURG, FL, 32068	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RIVAS, JIMMY 5040 BISCAY COURT ORANGE PARK FL 32003	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON A. DENISON 231 EDSON DR ORANGE PARK, FL, 32073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Burness G Powell Jr BURNESS G. POWELL JR JAN 27, 2005 904 269-2945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #