

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-16-2007 90039 006 ****61.25

DOCUMENT # 765743 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, BURNES G JR 392 EDSON DR ORANGE PARK FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and new if applicable (NOTE: Registered Agent signature required when re-electing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	P POWELL, BURNES G JR 392 EDSON DR ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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	T CLYDE R. DONAHOO 5341 FREMONT ST JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SWEENEY, WILLIAM C 2068 FARM WAY MIDDLEBURG FL 32068	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	S DENISON, GORDON A 231 EDSON DR ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ 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 exemptions contained in Section 119, 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: <i>Burnes G Powell Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-5-07 904-269-2945 Date Typing Phone		