

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006593

FILED  
Jan 14, 2012  
Secretary of State

**Entity Name:** DISABLED AMERICAN VETERANS AUXILIARY, VENICE GULF UNIT #101, INC.

**Current Principal Place of Business:**

600 EAST COLONIA LANE  
NOKOMISQ, FL 34275

**New Principal Place of Business:**

600 EAST COLONIA LANE  
NOKOMIS, FL 34275

**Current Mailing Address:**

600 EAST COLONIA LANE  
NOKOMISQ, FL 34275

**New Mailing Address:**

600 EAST COLONIA LANE  
NOKOMIS, FL 34275

FEI Number: 23-7093835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCKINNEY, PATRICIA B  
101 AQUILA STREET  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MCKINNEY, PATRICIA B  
Address: 101 AQUILA STREET  
City-St-Zip: NOKOMIS, FL 34275

Title: VC  
Name: STEINKE, TERRY  
Address: 613 TANGERINE STREET  
City-St-Zip: NOKOMIS, FL 34275

Title: VC  
Name: SPRINGER, ANNA  
Address: 954 INAGUA E  
City-St-Zip: VENICE, FL 34285

Title: TREA  
Name: HARGARTHER, JANET  
Address: 3890 EAGLE HAMMOCK DRIVE  
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET K HARGARTHER

TREA

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date