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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N30969

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT  
OF FLORIDA, INC.

Principal Place of Business

17601 VETERANS WAY  
P. O. BOX 999  
MICANOPY FL 32667-7999

Mailing Address

17601 VETERANS WAY  
P. O. BOX 999  
MICANOPY FL 32667-7999



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/02/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
23-7331165

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, LUCILLE O.  
3420 BAYSHORE BLVD. NE  
ST. PETERSBURG FL 33703

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME BEVERLY, NINA L  
STREET ADDRESS 8 JOINER STREET  
CITY-ST-ZIP ST AUGUSTINE FL 32084

1.1 TITLE PD  Change  Addition  
1.2 NAME LANGE, Ramona M  
1.3 STREET ADDRESS 1447 Foggy Ridge Parkway  
1.4 CITY-ST-ZIP Lutz, FL 33549

TITLE VPD  DELETE  
NAME LANGE, RAMONA M  
STREET ADDRESS 1447 FOGGY RIDGE PARKWAY  
CITY-ST-ZIP LUTZ FL 33549

2.1 TITLE VPD  Change  Addition  
2.2 NAME EGAN, Kay  
2.3 STREET ADDRESS 1647 Country Club Parkway  
2.4 CITY-ST-ZIP Lehigh Acres, FL 33972

TITLE VPD  DELETE  
NAME EGAN, KAY  
STREET ADDRESS 104 COUNTRY CLUB PARKWAY  
CITY-ST-ZIP LEHIGH ACRES FL 33972

3.1 TITLE VPD  Change  Addition  
3.2 NAME DOUGLAS, Amelia  
3.3 STREET ADDRESS 7785 US Hwy 17 S  
3.4 CITY-ST-ZIP Zolfo Springs, FL 33890

TITLE TD  DELETE  
NAME ROUSSEY, DELORES ANN  
STREET ADDRESS 1447 FOGGY RIDGE PRKW  
CITY-ST-ZIP LUTZ FL 33549

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME BARZELOGNA, SUNNY JOAN  
STREET ADDRESS R 1 BOX 146-D  
CITY-ST-ZIP BUNNELL FL 32110

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
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:

*DeLores Ann Roussey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/99

941 332-4233

Date

Daytime Phone #

CR2E037 (11/98)