FILED Apr 02, 2008 8:00 am Secretary of State

2006	NO	ANN	 	 UKA	

NAME STREET ADDRESS CITY-SI-ZIP HUDSON, FL 34669 TITLE NAME KURRASCH, BARBARA J STREET ADDRESS CITY-SI-ZIP TITLE D NAME STREET ADDRESS CITY-SI-ZIP TITLE D NAME STREET ADDRESS CITY-SI-ZIP TITLE D TO THE NAME STREET ADDRESS CITY-SI-ZIP TITLE D TO THE NAME STREET ADDRESS CITY-SI-ZIP TITLE D TO THE NAME STREET ADDRESS CITY-SI-ZIP TITLE TD ROUSSEY, DELORES STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TD ROUSSEY, DELORES STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TD ROUSSEY, DELORES STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TD ROUSSEY, DELORES STREET ADDRESS CITY-SI-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP TO TO TO TO THUDSON, FL 34669 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP TO TO TO THE NAME STREET ADDRESS CITY-SI-ZIP TO TO TO TO THAT TO THE TO TO THAT TO THAT TO THAT TO THAT TO THAT TO THAT THAT	1. Entity Name DISABLE	MENT # N30969 D AMERICAN VETERANS MENT OF FLORIDA, INC.	AUXILIARY,				90033 043 ⁻	****7().00	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country A FEL Number 23-7331165 City Country S. Certificate of Status Desired State Seemed Seemed State Seemed Seemed State Seemed Seemed State Seemed S	2015 SW 751	TH STRET	407 FLETCHER STREET				RII BARII BIBII ROBII BARIC I		II	
City & State City & State City & State City & State Country S. Centriticate of Status Desired Xp2 S. Centriticate of Status Desired Xp2 S. S. 75 Additional Period Applied For Mort Applicable S. 75 Additional Period Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 75 Additional Period S. 18 Applied For Mort Applicable S. 25 Additional Period S. 25 Additional Period S. 25 Applicable S. 25 Additional Period S. 25 Additional Period S. 25 Applicable S. 25 Additional Period S. 25 Addition S. 25 Additional Period S. 25 Additional Period S. 25 Addition S. 25 Addi	2. Principal Pt	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Z27331165	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E037 (12	2/06)		
Section Sect	City & State		City & State	City & State		165		Not .	Applicable	
Name Name Street Address P.O. Box Number is Not Acceptable	Zip	Country	Zip	Country						
ST. PETERSBURG, FL 33703 Street Robove named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hierd a protect named of impatered agent and set associated (NOTE. Registered Agent speaker Agent speaker) Signature, hierd a protect name of impatered agent and set associated (NOTE. Registered Agent speaker) State of Florida. I am familiar with, and accept the obligations of registered agent. CAITE Filling Fee is \$61.25		_6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New	Registered Agent			
Ting 1:s Till 34449-0147	3420 BAY	SHORE BLVD: NE		Street A 25 C	Address (P.O. Box Numbe aptain Cove	r is Not Acceptab	ole)			
8. The above named entity submats 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 Principle				City T	nolie		FL 3	ip Code	-0147	
Signature, hood or ported name of requered appirt and title of applicable			or the purpose of changing its		<u> </u>	h, in the State of F	Florida. I am familia			
Filling Foe is \$61.25 Due by May 1, 2008 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE D CLAMP, JUDITH STREET A0068S 12708 LITEWOOD DR HUDSON, FL 34669 TITLE D CHANGE 12708 LITEWOOD DR HUDSON, FL 34669 TITLE D CHANGE 12708 LITEWOOD DR HUDSON, FL 34669 TITLE D CHANGE 1074 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1074 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1074 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1075 STREET A0076SS 11. TITLE D CHANGE 11. TITLE D CHANGE 1075 STREET 1075 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1075 STREET 1075 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1075 STREET 1075 STREET 1075 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1075 STREET 1075 STREET 1075 STREET 1075 STREET A0076SS 11. TITLE D CHANGE 1075 STREET 1075 STREET 1075 STREET A0076SS 10		Signature, typed or printed name of registered agen	and title if applicable. {NOTI	E: Registered Agent signa	ture required when reinstating)		DATE		·	
TITLE NAME CLAMP, JUDITH SIRET ADDRESS CITY-S1-ZIP HUDSON, FL 34669 Delete NAME CLAMP, JUDITH CHAnge Addition CITY-S1-ZIP CLAMP, JUDITH LAME LAM	Filing Fee is \$61.25 9. Election Campaign F				* _ 40.00 may be					
NAME STREET ADDRESS CITY-ST-ZP HUDSON, FL 34669 TITLE NAME STREET ADDRESS CITY-ST-ZP HUDSON, FL 34669 TITLE NAME STREET ADDRESS CITY-ST-ZP HUDSON, FL 34669 TITLE NAME STREET ADDRESS CITY-ST-ZP HUDSON, FL 34669 CITY-ST	10.	OFFICERS AND D	DECTORS	T 11	ADDITIONS (CH.	NGES TO OFFIC	ERS AND DIRECTO	ORS IN 1	<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538 CITY-ST-ZIP TITLE D FRANZ, DIANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME ROUSSEY, DELORES STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ROUSSEY, DELORES STREET ADDRESS CITY-ST-ZIP TITLE SD Delete TITLE NAME BARZELOGNA, SUNNY JOAN STREET ADDRESS CITY-ST-ZIP TITLE SD Delete NAME BARZELOGNA, SUNNY JOAN STREET ADDRESS CITY-ST-ZIP TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D D Change Addition Change Chan		OFFICERS AND D	HECTORS	***	ADDITIONS/CHA				0	
NAME FRANZ, DIANE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP ITILE TD	NAME Street address	D CLAMP, JUDITH 12708 LITEWOOD DR		TITLE NAME STREET ADDRESS	PD Clamp, Judit 12708 Litewo	od Dr	x 2 0		Addition	
NAME ROUSSEY, DELORES STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33954 TITLE NAME BARZELOGNA, SUNNY JOAN STREET ADDRESS CITY-ST-ZIP NAME BARZELOGNA, SUNNY JOAN STREET ADDRESS CITY-ST-ZIP NAME BARZELOGNA, SUNNY JOAN STREET ADDRESS CITY-ST-ZIP BUNNELL, FL 32110 TITLE PD TITLE NAME HAINES, KATHARINE A NAME NAME Debbie McLaughlin	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	D CLAMP, JUDITH 12708 LITEWOOD DR HUDSON, FL 34669 D KURRASCH, BARBARA J 3814 COUNTY RD 405 N	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Clamp, Judit 12708 Litewo	od Dr		Change		
NAME BARZELOGNA, SUNNY JOAN NAME STREET ADDRESS CITY-ST-ZIP BUNNELL, FL 32110 CITALE PD Change Make HAINES, KATHARINE A NAME HAINES, KATHARINE A NAME Debbie McLaughlin	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	D CLAMP, JUDITH 12708 LITEWOOD DR HUDSON, FL 34669 D KURRASCH, BARBARA J 3814 COUNTY RD 405 N LAKE PANASOFFKEE, FL 335 D FRANZ, DIANE 3028 LITTLE CYPRESS COVE	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Clamp, Judit 12708 Litewo	od Dr		Change Change	Addition	
NAME HAINES, KATHARINE A NAME Debbie McLaughlin	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D CLAMP, JUDITH 12708 LITEWOOD DR HUDSON, FL 34669 D KURRASCH, BARBARA J 3814 COUNTY RD 405 N LAKE PANASOFFKEE, FL 335 D FRANZ, DIANE 3028 LITTLE CYPRESS COVE WINTER PARK, FL 32792 TD ROUSSEY, DELORES 407 FLETCHER STREET	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Clamp, Judit 12708 Litewo	od Dr		Change Change Change	Addition Addition	
CITY-ST-ZIP BUNNELL, FL 32110 CITY-ST-ZIP Bradenton, FL 34207 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D CLAMP, JUDITH 12708 LITEWOOD DR HUDSON, FL 34669 D KURRASCH, BARBARA J 3814 COUNTY RD 405 N LAKE PANASOFFKEE, FL 335 D FRANZ, DIANE 3028 LITTLE CYPRESS COVE WINTER PARK, FL 32792 TD ROUSSEY, DELORES 407 FLETCHER STREET PORT CHARLOTTE, FL 33954 SD BARZELOGNA, SUNNY JOAN R 1 BOX 146-D	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Clamp, Judit 12708 Litewo	od Dr		Change Change Change	Addition Addition	

SIGNATURE:

Delores Roussey, State Treasure SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/08

239 332-4233 ext 246