

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N33193** (6)

1. Corporation Name  
**DISABLED AMERICAN VETERANS AUXILIARY TAMPA UNIT #4, INC. DEPARTMENT OF FLORIDA**



Principal Place of Business: 2612 TAMPA STREET, P O BOX 7561, TAMPA FL 33673-7561  
Mailing Address: 2612 TAMPA STREET, P O BOX 7561, TAMPA FL 33673-7561

3. Date Incorporated or Qualified: 07/10/1989  
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 23-7331178  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**STANLEY, MARILYN E.  
2414 SOUTH RAMONA CIRCLE  
TAMPA FL 33812**

10. Name and Address of New Registered Agent  
81 Name: **LANGE, Ramona M.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1447 Foggy Ridge Parkway**  
83  
84 City: **Lutz** FL 85 Zip Code: **33549**

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: *Ramona M. Lange* DATE: 4/29/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANGE, RAMONA	
STREET ADDRESS	1447 FOGGY RIDGE PKWY.	
CITY - ST - ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GELVIN, HELEN	
STREET ADDRESS	4119 E. LINEBAUGH, SUITE 801	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REID, RITA	
STREET ADDRESS	7812 LAKESIDE BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURNETT, Maureen	
1.3 STREET ADDRESS	3315 Fox Lake Drive	
1.4 CITY - ST - ZIP	Tampa, FL 33618	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHNSON, Jean	
2.3 STREET ADDRESS	6908 Thrasher Drive	
2.4 CITY - ST - ZIP	Tampa, FL 33610	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCFADDEN, Barbara	
3.3 STREET ADDRESS	6815 N 48th Street	
3.4 CITY - ST - ZIP	Tampa, FL 33610	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LANGE, Ramona	
4.3 STREET ADDRESS	1447 Foggy Ridge Parkway	
4.4 CITY - ST - ZIP	Lutz, FL 33549	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Ramona M. Lange, Secretary** DATE: 4/29/96 DAY/TIME PHONE #: 813 949-1127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)