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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/10/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 1447 Foggy Ridge Pkwy
Suite, Apt. #, etc. 22	Suite Apt. #, etc. 27
City & State 23	City & State 28 Lutz, FL 33549
Zip 24	Zip 29 33549
Country 25	Country 30 Pasco

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

9. Name and Address of Current Registered Agent

**LANCE, RAMONA M.
1447 FOGGY RIDGE PARKWAY
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Ramona Lange **Ramona Lange** DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANGE, RAMONA		1.2 NAME Mols, June	
STREET ADDRESS 1447 FOGGY RIDGE PKWY.		1.3 STREET ADDRESS 7116 N. Tampanis, Ave	
CITY-ST-ZIP LUTZ FL		1.4 CITY-ST-ZIP Tampa, FL 33614	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, JEAN		2.2 NAME Roussey, Delores	
STREET ADDRESS 6908 THRASHER DRIVE		2.3 STREET ADDRESS 1447 Foggy Ridge Pkwy	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Lutz, FL 33549	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCFADDEN, BARBARA		3.2 NAME	
STREET ADDRESS 6815 NORTH 48TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURNETT MAUREEN		4.2 NAME Lange, Ramona	
STREET ADDRESS 3315 FOX LAKE DRIVE		4.3 STREET ADDRESS 1447 Foggy Ridge Pky	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP Lutz, FL 33549	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: June Mols **June Mols** **012 225 7022**

CFR2E037 (9/96)