


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90025 013 ****70.00


DOCUMENT # N33193	
1. Entity 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 3420 BAYSHORE BLVD. NE SAINT PETERSBURG FL 33703 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3420 Bayshore Blvd. N.E. Suite, Apt. #, etc.
City & State	St. Petersburg, FL City & State

Zip	Country	Zip	Country
		33703-5510	Pinellas

00010000



1st MOORE CR2E037 (10/04)

4. FEI Number 23-7331178	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGUIRE, ELIZABETH CPA 4721 E 98TH AVE TAMPA FL 33617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANKINS, CAROLYN 807 E GROVE AVE TAMPA FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commander HENRIETTA N. CONDON 9603 Pat Street Hudson, FL 34669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, LUCILLE O 3420 BAYSHORE BLVD NE SAINT PETERSBURG FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELVIN, HELEN 6105 LAND O'LAKES BLVD LAND O'LAKES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucille O. McCarthy *Lucille O McCarthy* **2-8-05 (727) 525-1229**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #