


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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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01042006 No Chg-NP CR2E037 (11/05)

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**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000469833
 03/27/06-80014-025 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMM CONDON, HENIETTA N 9603 PAT STREET HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, LUCILLE O 3420 BAYSHORE BLVD NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELVIN, HELEN 6105 LAND O'LAKES BLVD LAND O'LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 Date: 2-15-06 Daytime Phone #: 727-525-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR