

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90051 027 ****61.25

UBR4035

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

**6815 NORTH 48TH ST
TAMPA FL 33610
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7331178**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HANKINS, CAROLYN	
STREET ADDRESS	807 E GROVE AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCFADDEN, BARBARA	
STREET ADDRESS	6815 NORTH 48TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GELVIN, HELEN	
STREET ADDRESS	6105 LAND O'LAKES BLVD	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara MCFadden* **REQUIRED**

3-11-03 813 707 7077

CR2E037 (10/02)