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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N43536

(4)

DOCUMENT # DISABLED AMERICAN VETERANS, CHARLES GUSTAFSON CH APTER NO. 94, INC.

Principal Place of Business	Mailing Address						
406 HIGHLAND AVE. N. LEHIGH ACRES FL 33930	406 HIGHLAND AVE. N. LEHIGH ACRES FL 33930						
			ŀ	3. Date Incorporated or Qualified 05/20/1991	3a. Dat	5/01/19	Report <b>395</b>
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 23-7040156			Applied For
I	26			23-7040156 Not A			Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			<b>0</b> May Be d to Fees
Zip Country	Zip	Country		8. This corporation has liability for			199.032,
25	29			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Curren	nt Hegistered Agent	81 N	arne	TO. Name and Address of New	negistared s	Agent	
AND THE PARTY IN		[-]					
STEELE, HENRY D		82 Street Ad		richess (P.O. Box Number is Not Acceptable)			
710 WILLOW DRIVE		83					
LEHIGH ACRES FL 33936							
		84 0	ity		FI	85 Zg	o Code
11. Pursuant to the provisions of Sections 617.0502	2 and 617 1509. Florida Statute	e the above-nam	ert corporati	on submits this statement for the ni	urnose of cha	naina its r	egistered offic
or registered agent, or both, in the State of Flori familiar with and accept the obligations of Sections	ida. Such change was authorize tigh 617.0503, Florida Statutes.	d by the corpora	tion's board	of directors. I hereby accept the ap	pointment as	registered	agent. I am
SIGNATURE STORY V	Hule						
SIGNATURE Signature, typed or printed name of registered ayen	Tand title if applicable (NO)	E: Registered Agent sig	nature required w		DATE FIGERS AND	DIREGÍC	)HS IN 12
SIGNATURE Signature, typed or printed name of registered ayen	Huwe I and title if applicable (NOI ID DIRECTORS	E: Registered Agent sig	natura requiréd w	chen reinstating) ADDITIONS CHANGES TO OF	HOERS AND		OFFS IN 12
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**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

√-10-96 941 369 5684

Daytime Phone #