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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43536** **(4)**

1. Corporation Name

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 33972-4009

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business
21 710 WILLOW DRIVE
Suite, Apt. #, etc. 22
City & State 23 LEHIGH ACRES FL
Zip 24 33936 Country 25 LEE

2a. Mailing Address
26 P.O.BOX 667
Suite, Apt. #, etc. 27
City & State 28 LEHIGH ACRES FL
Zip 29 33970-0851 Country 30 LEE

4. FEI Number: 23-7040156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEELE, HENRY D
710 WILLOW DRIVE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 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	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MARTIN, CHARLES W		1.2 NAME	DUNCAN, LARRY M JR	
STREET ADDRESS	904 LEELND HEIGHTS BLVD E		1.3 STREET ADDRESS	1109 HIBISCUS AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	DT	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	DUNCAN, LARRY M		2.2 NAME	BRODERICK, DENNIS J	
STREET ADDRESS	1109 HIBISCUS AVENUE		2.3 STREET ADDRESS	830 GARDINSIDE COURT	
CITY-ST-ZIP	LEHIGH ACRES FL		2.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEELE, HENRY D.		3.2 NAME		
STREET ADDRESS	710 WILLOW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Henry D. Steele REQUIRED 4/25/97 941 369 5684
HENRY D. STEELE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0058118