2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State
04-19-2007 90413 041 ****61.25

4/1

DOCUMENT # N99000001472

1. Entity Name

THE ZEPHYRHILLS FLORIDA UNIT 65, DAVA CORPORATION

Principal Place of Business	Mailing Address
5325 8TH STREET ZEPHYRHILLS FL 33542	5325 8TH STREET ZEPHYRHILLS FL 33542

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7331152 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERMAN, MINNIE F 7138 FORT KING ROAD ZEPHYRHILLS FL 33541	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 submitting) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ AMERMAN, MINNIE F 7138 FORT KING ROAD ZEPHYRHILLS FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER AMERMAN, MINNIE F 7138 FORT KING ROAD ZEPHYRHILLS FL 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV OWENS, CAROLYN 64020 HOLIDAY DR SPRING HILL FL 34608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. VICE COMMANDER GOLDSWORTHY, VIRGINIA 38133 RUTH AVE ZEPHYRHILLS FL 33540	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ CHRISTENSEN, GLADYS 37 544 ANNA MARIA LANE ZEPHYRHILLS FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ ADJUTANT RUSSELL, LENA KAY 39732 MEDICINE BOW DR ZEPHYRHILLS FL 33542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TA BALINGITON, DELORES 11187 BEATHVILLE ROAD SPRING HILL FL 34608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RUSSELL, LENA KAY 39732 MEDICINE BOW DR. ZEPHYRHILLS FL. 33542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Minnie F. Amerman, Commander 813-783-7012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #