


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N51447 1. Entity Name DISABLED AMERICAN VETERANS, CHAPTER #12, CORAL GABLES, FLORIDA, DEPARTMENT OF FLORIDA, INCORPORA					
Principal Place of Business 45 ALMERIA AVE MIAMI, FL 33134			Mailing Address 13750 SW 108 STREET MIAMI, FL 33186		
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 NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOLDON, JOSEPH A 13750 SW 108TH STREET MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MOLDON, JOSEPH A 13750 SW 108TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMANUS, BRUCE 13630 SW 96TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, THEODORE P 1794 SW 19TH STREET MIAMI, FL 33145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLAIR ROSS, SAMUEL 19 W FLAGLER STREET MIAMI, FL 33130 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

FILED
04 JAN 22 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Business Entity Name

**DISABLED AMERICAN VETERANS, CHAPTER #12, CORAL GABLES, FLORIDA,
DEPARTMENT OF FLORIDA, INCORPORATED.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title) MOLDON JOSEPH A
-or- Entity Name
Street Address 13750 SW 108TH STREET
City, State MIAMI FL
Zip Code & Country 33186

Title VD
Name (Last, First, Middle, Title) MCMANUS BRUCE
-or- Entity Name
Street Address 13630 SW 96TH STREET
City, State MIAMI FL
Zip Code & Country 33186

Title VD
Name (Last, First, Middle, Title) BISHOP THEODORE P
-or- Entity Name
Street Address 1794 SW 19TH STREET
City, State MIAMI FL
Zip Code & Country 33145

Title ST
Name (Last, First, Middle, Title) BLAIR ROSS SAMUEL
-or- Entity Name



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Business Entity Name

**DISABLED AMERICAN VETERANS, CHAPTER #12, CORAL GABLES, FLORIDA,
DEPARTMENT OF FLORIDA, INCORPORATED.**

FEI Number

FEI Number Status

☐ Applied For ☒ Not Applicable ☐ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

303 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

City, State

CORAL GABLES

FL

Zip Code & Country

33134

Mailing Address

Address

13750 SW 108 STREET

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33186

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MOLDON

JOSEPH

A

-or- RA Business Name

Address

13750 SW 108TH STREET

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33186

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the
 'Officer/Director Signature' block below. A corporate name is not
 allowed in this block.

Title
 Officer/Director Signature

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