

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755950

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** THE TALLAHASSEE CHAPTER, CHAPTER NUMBER FIVE, DISABLED AMERICAN VETERANS,  
DEPARTMENT OF FLORIDA, INCORPORATED

**Current Principal Place of Business:**

241 LAKE ELLA DR.  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 12005  
TALLAHASSEE, FL 323171200 US

**New Mailing Address:**

**FEI Number:** 59-1728841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHELKOFISKY, MORRIS  
241 LAKE ELLA DR.  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: THURSTON, WILLIAM  
Address: 2003 HOLLY ST.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: SVC ( ) Delete  
Name: COLEMAN, P J  
Address: 5862 ORCHARD POND RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: JONES, JOHNNIE  
Address: 1350 WEST HAVEN COURT  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: ARDIS, HENERY L  
Address: P.O. BOX 5034  
City-St-Zip: TALLAHASSEE, FL 32314

Title: T ( ) Delete  
Name: HILL, ALFRED  
Address: 1045 OLD DRIFTON RD  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED HILL

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date