

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006593

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC4005137781**

**Entity Name:** DISABLED AMERICAN VETERANS AUXILIARY, VENICE GULF UNIT #101, INC.

**Current Principal Place of Business:**

600 EAST COLONIA LANE  
NOKOMIS, FL 34275

**Current Mailing Address:**

600 EAST COLONIA LANE  
NOKOMIS, FL 34275

**FEI Number: 23-7093835**

**Certificate of Status Desired: No**

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

MCKINNEY, PATRICIA B  
101 AQUILA STREET  
NOKOMIS, FL 34275 US

*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

**Officer/Director Detail :**

Title            C  
Name            MCKINNEY, PATRICIA B  
Address        101 AQUILA STREET  
City-State-Zip: NOKOMIS FL 34275

Title            VC  
Name            STEINKE, TERRY  
Address        613 TANGERINE STREET  
City-State-Zip: NOKOMIS FL 34275

Title            VC  
Name            SPRINGER, ANNA  
Address        954 INAGUA E  
City-State-Zip: VENICE FL 34285

Title            TREA  
Name            HARGARTHER, JANET  
Address        3890 EAGLE HAMMOCK DRIVE  
City-State-Zip: SARASOTA FL 34240

*I hereby 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 all other like empowered.*

**SIGNATURE: JANET K HARGARTHER**

**TREASURER**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date