## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000011107

Entity Name: DISABLED AMERICAN VETERANS CRYSTAL RIVER CHAPTER

158 INC

IADTED

Apr 20, 2016 Secretary of State CC9060584947

**FILED** 

## **Current Principal Place of Business:**

1801 NW HWY 19 SUITE # 431

CRYSTAL RIVER, FL 34428

## **Current Mailing Address:**

2391 N. CREDE AVE

CRYSTAL RIVER, FL 34428 UN

FEI Number: 31-0263158 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GODFREY, MARVIN D 2391 N CREDE AVE CRYSTAL RIVER, FL 34428 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: MARVIN D. GODFREY 04/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title O Title F

Name MCGEE, JOHN Name WARNER, MICHAEL

Address 1801 NW HWY 19 Address 1801 NW HWY 19 SUITE # 431 SUITE # 431

5011E# 451

City-State-Zip: CRYSTAL RIVER FL 34428 City-State-Zip: CRYSTAL RIVER FL 34428

Title V Title V

Name ZERBST, WILLIAM Name HOLDEN, CYNTHIA

Address 1801 NW HWY 19

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Address 1801 NW HWY 19 Address 1801 NW HWY 19 SUITE # 431 SUITE # 431

City-State-Zip: CRYSTAL RIVER FL 34428 City-State-Zip: CRYSTAL RIVER FL 34428

Title T

Name KLYAP, MICHAEL
Address 1801 NW HWY 19

SUITE # 431

City-State-Zip: CRYSTAL RIVER FL 34428

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: MICHAEL KLYAP JR TREASURER 04/20/2016