

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007116

**Entity Name:** DISABLED AMERICAN VETERANS AUXILIARY INC.

**Current Principal Place of Business:**

3512 ORLANDO DRIVE  
SANFORD, FL 32773

**Current Mailing Address:**

3512 ORLANDO DRIVE  
SANFORD, FL 32773

**FEI Number: 85-8011336**

**Certificate of Status Desired: Yes**

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

COLVENBACH, CHERYL  
3512 ORLANDO DRIVE  
SANFORD, FL 32773 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 P  
Name COLVENBACH, CHERYL L  
Address 113 CRESENT BLVD  
City-State-Zip: SANFORD FL 32771

Title VP  
Name SUTTON, KATHY  
Address 747 KEENELAND PIKE  
City-State-Zip: LAKE MARY FL 32746

Title VP  
Name KENNERKNECHT, AMY C  
Address 5794 NORTH ROAD  
City-State-Zip: SANFORD FL 32771

Title T  
Name HUNT, CAROL  
Address 3710 SIPES AVE  
City-State-Zip: SANFORD FL 32773

*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: CHERYL COLVENBACH**

**COMMANDER**

**01/12/2023**

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

\_\_\_\_\_  
Date