

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709854 (4)
1. Corporation Name
DELAND OVERSEAS VETERANS, INC.



Principal Place of Business: 510 SOUTH ALABAMA AVENUE, P O BOX 1146, DELAND FL 32723-5944, US
Mailing Address: 510 SOUTH ALABAMA AVENUE, P O BOX 1146, DELAND FL 32723-5944, US

3. Date Incorporated or Qualified: 11/02/1965
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-1967060
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
29
30

9. Name and Address of Current Registered Agent
SHEPHARD, KENTON A.
205 N. WOODLAND BLVD.
DELAND FL 32720

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: HOULIHAN, DANIEL	
STREET ADDRESS: 2981 N. SHELL RD.	
CITY-ST-ZIP: DELAND FL	
TITLE: V	<input type="checkbox"/> DELETE
NAME: HODGES, JACK	
STREET ADDRESS: 2278 HOWLAND BLVD.	
CITY-ST-ZIP: DELTONA FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: LIEB, DOROTHY	
STREET ADDRESS: 740 N. WOODLAND BLVD	
CITY-ST-ZIP: DELAND FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BIZZARO, PRISCILLA	
STREET ADDRESS: 201 S. AMELIA AVE.	
CITY-ST-ZIP: DELAND FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: EWING, LEE	
STREET ADDRESS: P.O. BOX 982	
CITY-ST-ZIP: LAKE HELEN FL	
TITLE: T	<input type="checkbox"/> DELETE
NAME: DUROSE, SANDRA	
STREET ADDRESS: 1399 GLENWOOD RD.	
CITY-ST-ZIP: DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael N. Krieg Michael N. Krieg 904 7596367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)