FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
CORPORATIONS
95 MAY 31 PM 8:11

DOCUMENT # **723236** **(6)**

1. Corporation Name

BROOKSVILLE CADA-HADDON CHAPTER 67 DISABLED AMER ICAN VETERANS, INC.

Principal Place of Business	Mailing Address
CADA HADDON CHAP 67 DAV P.O. BOX 10069 BROOKSVILLE FL 34601	CADA HADDON CHAP 67 DAV P.O. BOX 10069 BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1972
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1941826 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PITT, JOHN F
6971 PINEHURST DR
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	PITT, JOHN	12 NAME	Chuck KITTredge	
STREET ADDRESS	6971 PINEHURST DR.	13 STREET ADDRESS	P.O. Box 5067 NK	
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	Springhill Fl 34606	
TITLE	VD	21 TITLE	VP	☑ Change ☐ Addition
NAME	BRUNGES, HENRY I	22 NAME	Lincoln Fowler	
STREET ADDRESS	416 LEAFY WAY AVE.	23 STREET ADDRESS	5184 Welling Tan Rd	
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	Springhill Fl 34609	
TITLE	VD	31 TITLE	VD	☑ Change ☐ Addition
NAME	FOWLER, LINCOLN	32 NAME	Louis mazzarella	
STREET ADDRESS	5184 WELLING RD.	33 STREET ADDRESS	3075 Ambassador Ave	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	Springhill Fl 34609	
TITLE	STD	41 TITLE	STD	☑ Change ☐ Addition
NAME	KITTREDGE, CHUCK	42 NAME	John Pitt	
STREET ADDRESS	12359 LUNDEN DR.	43 STREET ADDRESS	6971 Pinehurst Dr	
CITY-ST-ZIP	SPRINGHILL FL	44 CITY-ST-ZIP	Springhill Fl 34606	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	VOLLMER, CHARLES	52 NAME	John Hutchak	
STREET ADDRESS	5388 BAYONNE AVE.	53 STREET ADDRESS	8321 Weeping Willow	
CITY-ST-ZIP	SPRING HILL FL	54 CITY-ST-ZIP	Brooksville, Fl 34613	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ Chuck K.T.T Redge Commander 5/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048440