SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 723236 (6)

1. Corporation Name

BROOKSVILLE CADA-HADDON CHAPTER 67 DISABLED AMERICAN VETERANS, INC.

Principal Place of Business	Mailing Address
CADA HADDON CHAP 67 DAV ~~P.O. BOX 10069~~ 16314 Cortez Blvd BROOKSVILLE FL 34601	CADA HADDON CHAP 67 DAV P.O. BOX 10069 BROOKSVILLE FL ~~34601~~ 34603-0069

3. Date Incorporated or Qualified: 04/21/1972
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business
21: 16314 Cortez Blvd
Suite, Apt. #, etc. 22:
City & State 23: Brooksville, Fl
Zip 24: 34601 Country 25: USA

2a. Mailing Address
26: P.O. Box 10069
Suite, Apt. #, etc. 27:
City & State 28: Brooksville, Fl
Zip 29: 34603-0069 Country 30: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KITTEREDGE, CHUCK		1.2 NAME	Mazzarella, Louis	
STREET ADDRESS	P O BOX 5087		1.3 STREET ADDRESS	3075 Ambassador Ave	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	Spring Hill, Fl, 34609	
TITLE	VP	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FOWLER, LINCOLN		2.2 NAME	~~Hutchek~~ Hutchek, E. John	
STREET ADDRESS	5184 WILLINGTON RD		2.3 STREET ADDRESS	8321 Weeping Willow	
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP	Brooksville, Fl. 34613	
TITLE	VD	☒ DELETE	3.1 TITLE	VP D	☒ Change ☐ Addition
NAME	MAZARELLA, LOUIS		3.2 NAME	Di Simone, Franklin (Frank)	
STREET ADDRESS	3075 AMBASSADOR AVE		3.3 STREET ADDRESS	11269 Timbercrest Rd	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	Spring Hill, Fl, 34609	
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PITT, JOHN (Pitt)		4.2 NAME		
STREET ADDRESS	6971 PINEHURST DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL 34606		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	HUTCHEX, JOHN		5.2 NAME	Ramsey, Richard (Dick)	
STREET ADDRESS	8321 WEEPING WILLOW		5.3 STREET ADDRESS	3254 Saturn Rd	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	Brooksville, Fl, 34609	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Connelly, Joseph P.	
STREET ADDRESS			6.3 STREET ADDRESS	13272 Sun Rd	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Brooksville, Fl. 34613	

CR2E037 (3/96)

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: John F Pitt John F Pitt 6-26-96 352-683-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014911