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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
16314 CORTEZ BLVD P.O. BOX 10069 BROOKSVILLE FL 34601 US	P O BOX 10069 P.O. BOX 10069 BROOKSVILLE FL 34603-0069 US

3. Date Incorporated or Qualified: **04/21/1972**
3a. Date of Last Report: **07/08/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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		☐ Change ☐ Addition
NAME	MAZZARELLA, LOUIS		1.2 NAME		
STREET ADDRESS	3075 AMBASSADOR AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUTACHEK, E JOHN		2.2 NAME		
STREET ADDRESS	8321 WEEPING WILLOW		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	3.1 TITLE	V.P.D	☐ Change ☑ Addition
NAME	DISIMONE, FRANK		3.2 NAME	JOSEPH W. HUNTER	
STREET ADDRESS	11260 TIMBERCREST RD		3.3 STREET ADDRESS	9367-CENTURY DR.	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PITT, JOHN		4.2 NAME		
STREET ADDRESS	6971 PINEHURST DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	5.1 TITLE	V.P.D	☐ Change ☑ Addition
NAME	RAMM, RICHARD DICK		5.2 NAME	WALTER HUNTER	
STREET ADDRESS	3254 SATURM RD		5.3 STREET ADDRESS	4152-GLADE RD.	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COMMELLY, JOSEPH P		6.2 NAME		
STREET ADDRESS	13272 SUN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-10-97 352-796-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069522