SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90025 034 ****61.25

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DOCUMENT # 723236

1. Corporation Name

BROOKSVILLE CADA-HADDON CHAPTER 67 DISABLED AMER ICAN 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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/21/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1941826 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	MANGANO, EDWARD		1.2 NAME		
STREET ADDRESS	13372 BREWSTER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	DUNCAN, JOHN		2.2 NAME	Downes, Harvey L	
STREET ADDRESS	6040 SMILEY ST		2.3 STREET ADDRESS	19479 Peyton Place	
CITY-ST-ZIP	BROOKSVILLE FL 34609		2.4 CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAVERY, JANET		3.2 NAME		
STREET ADDRESS	508 N AVE W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34601		3.4 CITY-ST-ZIP		
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	34606	
TITLE	VPD	☒ DELETE	5.1 TITLE	VPD	☐ Change ☐ Addition
NAME	HUNTER, WALTER		5.2 NAME	Hougou, John R,	
STREET ADDRESS	4152 GLADE RD		5.3 STREET ADDRESS	3010 Bayshore Dr,	
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP	Spring Hill, Fl 34608	
TITLE	VPD	☐ DELETE	6.1 TITLE	D only	☒ Change ☐ Addition
NAME	SNYDER, HAROLD		6.2 NAME		
STREET ADDRESS	WEEKI WACHEE 9074 HEATHER BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-16-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #