

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90006 048 ****61.25

DOCUMENT # 723236

1. Entity Name

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



Principal Place of Business

16314 CORTEZ BLVD
BROOKSVILLE FL 34601
US

Mailing Address

P O BOX 10069
BROOKSVILLE FL 34603-0069
US

34007333



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1941826

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PITT, JOHN F~~
~~6971 PINEHURST DR~~
~~SPRING HILL FL 34606~~
RAYMOND A DEMERS
9163 SCEPTER AVE
BROOKSVILLE, FL
34613-4931

Name **Ray Demers**
Street Address (P.O. Box Number is Not Acceptable)
9163 Scepter DR.
Brooksville, FL **34601**
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOUYOU, JOHN R	
STREET ADDRESS	3010 BAYSHORE DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KECKLERY, MARY ANN	
STREET ADDRESS	2023 BELMAR AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KLINE, ROBERT H	
STREET ADDRESS	4941 S PHEASANT WAY	
CITY-ST-ZIP	SPRING HILL FL 39436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PITT, JOHN	
STREET ADDRESS	6971 PINEHURST DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, JANET	
STREET ADDRESS	9001 SPRINGHILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALOAMOY-LEWIS, GERI	
STREET ADDRESS	4317 HIGH POINT BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

TITLE	Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ann Keckler	
STREET ADDRESS	2023 Belmar Ave	
CITY-ST-ZIP	Spring Hill FL 34608	
TITLE	Paul Van Sandt	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Van Sandt	
STREET ADDRESS	213010 Browning PL	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	Adjutant	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deron Mikal	
STREET ADDRESS	1288 Hawkins Ave	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Demers	
STREET ADDRESS	9163 Scepter DR	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	1st Sr Vice	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Dart	
STREET ADDRESS	9012 Erna Rd	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	Bingo Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Houyou	
STREET ADDRESS	3010 Bayshore Dr	
CITY-ST-ZIP	Spring Hill, FL 34608	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND A. DEMERS TREASURER 2-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-791679