

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90199 043 ****66.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1941826

Applied For

Not Applicable

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

**DEMERS
DEMARS, RAYMOND A
9163 SCEPTER DR.
BROOKSVILLE FL 34601**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 **RAYMOND A. DEMERS**

TREASURER

2-15-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **D** ☐ Delete
NAME **KECKLER, MARY ANN**
STREET ADDRESS **2023 BELMAR AVE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VD** ☒ Delete
NAME **VAN SANDL, PAUL**
STREET ADDRESS **213010 BROWING PL**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **A** ☒ Delete
NAME **MIKAL, DERON**
STREET ADDRESS **7288 HAWKINS AVE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **T** ☐ Delete
NAME **DEMERS, RAY**
STREET ADDRESS **9163 SCEPTER DR**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **IVC** ☒ Delete
NAME **DART, JIM**
STREET ADDRESS **9012 ERNARD**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **BC** ☒ Delete
NAME **HOYOU, JOHN**
STREET ADDRESS **3010 BAYSHORE DR**
CITY-ST-ZIP **SPRING HILL FL 34608**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **James DART**
STREET ADDRESS **9012 ERNARD**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE ☐ Change ☒ Addition
NAME **John De Ma**
STREET ADDRESS **1146 Barrenca Ave**
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Charles Ester**
STREET ADDRESS **5530 Baffin Circle**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE ☐ Change ☐ Addition
NAME **Demtute R**
STREET ADDRESS
CITY-ST-ZIP

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: **Mary Ann Keckler** **MARY ANN KECKLER** 2/11/05 352686-5320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #