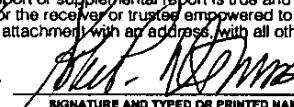


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90054 021 ****70.00

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1941826	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEMERS, RAYMOND A 9163 SCEPTER DR. BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent 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 				DATE 3-3-06	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D KECKLER, MARY ANN 2023 BELMAR AVE SPRING HILL, FL 34608 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KECKLER, MARY ANN 2023 Belmar Ave Spring Hill, FL 34608 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DART, JAMES 9012 ERMARD BROOKSVILLE, FL 34613 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A DEMAS, JOHN 1146 BARRENCA AVE SPRING HILL, FL 34609 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMAS, John 1146 Barrenca Avenue Spring Hill, FL 34609 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMERS, RAY 9163 SCEPTER DR BROOKSVILLE, FL 34601 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC ESLEK, CHARLES 5530 BAFFIUARDE SPRING HILL, FL 34608 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			John Demas, Commander/Pres.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/1/06 Daytime Phone # 352 796-1679		