

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90086 009 ****70.00

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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**

40033111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
16299 Nancy Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252007 Chg-NP CR2E037 (12/06)

City & State

City & State
Brooksville, FL

4. FEI Number
59-1941826

Applied For
Not Applicable

Zip

Country

Zip
34601

Country
Hernando

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, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**S
KECKLER, MARY ANN
2023 BELMAR AVE
SPRING HILL, FL 34608** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FUJIMOTO, Reggie
9623 Whisper Ridge Trail
Weeki Wachee, FL 34613** ☐ 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
**PD
DEMERS, JOHN
1146 BARRENCA AVE
SPRING HILL, FL 34609** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SERVELLO, Dominic
4113 Buckeye Court
Brooksville, FL 34604** ☐ 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 34606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VC
WALTER, Charlie
13037 Everard Drive
Spring Hill, FL 34609** ☐ 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 I am empowered.

SIGNATURE:

Raymond A. Demers, Chapter Treasurer

3/1/07

352 796-1679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #