

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 031 \*\*\*\*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  
**16299 NANCY AVE  
BROOKSVILLE, FL 34601 US**

40018594



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262008 Chg-NP CR2E037 (12/06)

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

**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, 2008**

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 **S** ☒ Delete  
NAME **FUJIMOTO, REGGIE**  
STREET ADDRESS **9623 WHISPER RIDGE TRAIL**  
CITY-ST-ZIP **WEEKI WACHEE, FL 34613**

TITLE **S** ☐ Change ☒ Addition  
NAME **DeMas, John**  
STREET ADDRESS **1146 Barranca Avenue**  
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **VD** ☐ Delete  
NAME **DART, JAMES**  
STREET ADDRESS **9012 ERMARD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

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

TITLE **PD** ☒ Delete  
NAME **SERVELLO, DOMINIC**  
STREET ADDRESS **4113 BUCKEYE CRT**  
CITY-ST-ZIP **BROOKSVILLE, FL 34604**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Milone, Joe**  
STREET ADDRESS **16299 Nancy 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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **1VC** ☐ Delete  
NAME **WALTER, CHARLIE**  
STREET ADDRESS **13037 EVERARD DR**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Walter, Charles**  
STREET ADDRESS **13037 Everard Drive**  
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

*Raymond A. Demers, Chapter Treasurer*  
**Raymond A. Demers, Chapter Treasurer**

**1/30/08 352 796-1679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #