

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90173 010 ****61.25

DOCUMENT # 723236

1. Entity Name

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



Principal Place of Business

**16314 CORTEZ BLVD
BROOKSVILLE FL 34601
US**

Mailing Address

**P O BOX 10069
BROOKSVILLE FL 34603-0069
US**

70013991



☐ CHECK HERE IF MAKING CHANGES

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**

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

FILE NOW: FEE IS \$61.25

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** ☐ Delete
NAME **HOUYOU, JOHN R**
STREET ADDRESS **3010 BAYSHORE DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34608**

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

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

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

TITLE **VPD** ☒ Delete
NAME **DOWNES, HARVEY L**
STREET ADDRESS **19479 PEYTON PLACE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☒ Change ☐ Addition
NAME **KLINE, ROBERT H**
STREET ADDRESS **4941 S. PHEASANT WAY.**
CITY-ST-ZIP **SPRING HILL FL 34636**

TITLE **TD** ☐ Delete
NAME **PITT, JOHN**
STREET ADDRESS **6971 PINEHURST DR**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **VPD** ☐ Delete
NAME **PARKER, JANET**
STREET ADDRESS **9001 SPRINGHILL DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34608**

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

TITLE **S** ☒ Delete
NAME **KLINE, ROBERT H**
STREET ADDRESS **4941 S PHEASANT WAY**
CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE ☐ Change ☒ Addition
NAME **KLINE, ROBERT H**
STREET ADDRESS **4941 S PHEASANT WAY**
CITY-ST-ZIP **FLORAL CITY FL 34436**

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:

John F. Pitt **DECEMBER** **HOUYOU**

1/22/03 **(352) 666-1840**

CR2E037 (10/02)