

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724887 (5)

1. Corporation Name

PLAYGROUND CHAPTER NO 72 DISABLED AMERICAN VETERANS INC



Principal Place of Business

Mailing Address

716 EDGE STREET
P.O. BOX 2275
FT. WALTON BEACH FL 32549-2275

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P.O. BOX 2275
FT. WALTON BEACH FL 32549-2275

3. Date Incorporated or Qualified
11/28/1972

3a. Date of Last Report
05/17/1995

4. FEI Number

59-6153400

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, WALTER R.
2960 RANCHETTE SQUARE
GULF BREEZE FL 32561

81 Name

Dockery, Willard M.

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

355 Hollywood Blvd. N.W.

83

84 City

Ft. Walton Beach

FL

85 Zip Code
32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Willard M. Dockery

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME KEOGH, ALLAN F
STREET ADDRESS 2289 PALOMA ST
CITY-ST-ZIP NAVARRE FL 32566

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME Baker, Walter R.
1.3 STREET ADDRESS 2960 Ranchette Square
1.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561

TITLE DS ☐ DELETE
NAME ZELL, WILLIAM P
STREET ADDRESS 9 W. CASA LOMA DRIVE
CITY-ST-ZIP MARY ESTHER FL 32569

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME Keogh, Allan F.
2.3 STREET ADDRESS 2811-2 Bradford Place
2.4 CITY-ST-ZIP Ft. Walton Beach, Fl. 32547

TITLE TD ☐ DELETE
NAME LIGHTBURN, WILLIAM C
STREET ADDRESS 510 WYNNHAVEN COURT
CITY-ST-ZIP MARY ESTHER FL 32569

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Dick, Agnes L.
3.3 STREET ADDRESS 221 Coral Drive S.W.
3.4 CITY-ST-ZIP Ft. Walton Beach, Fl. 32548

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24 APRIL 1996 904-934-2574

CR2E037 (12/95)