

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724887** (5)
1. Corporation Name

**PLAYGROUND CHAPTER NO 72 DISABLED AMERICAN VETER
ANS INC**

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1972** 3a. Date of Last Report **05/23/1996**

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOCKERY, WILLARD M
355 HOLLYWOOD BLVD. NW
FT WALTON BEACH FL 32548**

81 Name **Walter R. Baker**
82 Street Address (P.O. Box Number is Not Acceptable) **2960 Ranchette Square**
83
84 City **Gulf Breeze** FL 85 Zip Code **32561**

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 *Walter R. Baker*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7-23-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS** ☐ DELETE
NAME **KEOGH, ALLAN F**
STREET ADDRESS **2811-2 BRADFORD PLACE**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **FREEMAN, CLAYTON W.**
1.3 STREET ADDRESS **161 Scottsdale Drive**
1.4 CITY-ST-ZIP **Mary Esther FL 32569**

TITLE **CD** ☐ DELETE
NAME **BAKER, WALTER R**
STREET ADDRESS **2960 RANCHETTE SQUARE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

2.1 TITLE **DS** ☒ Change ☐ Addition
2.2 NAME **KEOGH, ALLAN F.**
2.3 STREET ADDRESS **632 Emerald Lane**
2.4 CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE **TD** ☐ DELETE
NAME **DICK, AGNES L**
STREET ADDRESS **221 CORAL DRIVE SW**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **BAKER, WALTER R.**
3.3 STREET ADDRESS **2960 Ranchette Square**
3.4 CITY-ST-ZIP **Gulf Breeze FL 32561**

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Walter R. Baker*
SIGNATURE REQUIRED

July 23 1997 850/862 0215

CR2E037 (4/97)