

FILE NOW: FILING FEE IS \$61.25

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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 VETERANS 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**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 11/28/1972	
4. FEI Number 59-6153400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 32569				81	Name ULRICH, WILLIAM L.		
				82	Street Address (P.O. Box Number is Not Acceptable) 167 Kel Wen Circle		
				83	City Destin FL 32541		
				84	City	85	Zip Code FL 32541

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREEMAN, CLAYTON W			1.2 NAME	CROWE, JOSEPH L.		
STREET ADDRESS	161 SCOTTSDALE DR			1.3 STREET ADDRESS	995 N.DENTON BLVD.		
CITY-ST-ZIP	MARY ESTHER FL			1.4 CITY-ST-ZIP	FT. WALTON BEACH FL 32549	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOECH, ALLAN F			2.2 NAME	KOECH, ALLAN F.		
STREET ADDRESS	632 EMERALD LANE			2.3 STREET ADDRESS	632 EMERALD LANE		
CITY-ST-ZIP	FT WALTON BCH FL			2.4 CITY-ST-ZIP	FT. WALTON BEACH FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKER, WALTER R			3.2 NAME	JERRY D. REXFORD		
STREET ADDRESS	2960 RANCHETTE SQUARE			3.3 STREET ADDRESS	PO BOX 2211		
CITY-ST-ZIP	GULF BREEZE FL			3.4 CITY-ST-ZIP	FT WALTON BEACH FL 32549	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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: **Joseph L. Crowe** JOSEPH L. CROWE

5/12/98

850/862-9215

CR2E037 (10/97)