

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724887

FILED
Jan 14, 2008
Secretary of State

Entity Name: PLAYGROUND CHAPTER NO 72 DISABLED AMERICAN VETERANS INC

Current Principal Place of Business:

2 DAVID STREET
SUITE A
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

2 DAVID STREET
SUITE A
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-6153400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAGNUSON, CATHY L
87 5TH AVENUE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MAGNUSON, CATHY L
Address: 87 5TH AVENUE
City-St-Zip: SHALIMAR, FL 32579

Title: DS () Delete
Name: VIGARE, LEN M
Address: 1863 WHISPERING OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DT () Delete
Name: LIGHTBURN, WILLIAM C
Address: 2711 WEST HWY 98
City-St-Zip: MARY ESTHER, FL 325692332

Title: D () Delete
Name: ROSSER, GAITHER D
Address: 700 COLCHESTER DOURT
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: SIDEL, LARRY
Address: 219 CARMEL DRIVE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: ZELL, WILLIAM
Address: 9 W CASALOMA DRIVE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY MAGNUSON

CD

01/14/2008

Electronic Signature of Signing Officer or Director

Date