2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# 724887

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
Name: MAGNUSON, CATHY L
Address: 87 5TH AVENUE
City-St-Zip: SHALIMAR, FL 32579

Title: DS
Name: CLARK, JOHN M
Address: 225 LAKESIDE LANE
City-St-Zip: MARY ESTHER, FL 32569

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

Title: D
Name: DOCKERY, WILLIARD M
Address: 503 TRENTON STREET
City-St-Zip: FT WALTON BEACH, FL 32547

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

Title: D
Name: BATES, HUBERT L
Address: 289 SHALIMAR DRIVE
City-St-Zip: SHALIMAR, FL 32579

I hereby 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 all other like empowered.

SIGNATURE: CATHY L MAGNUSON CD 03/08/2011

Electronic Signature of Signing Officer or Director — Date