2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004
Secretary of State

DOCUMENT# 725278

Entity Name: DISABLED AMERICAN VETERANS CHAPTER 84-HOLLYHILL, FLORIDA, INC.

Current Principal Place of Business:

HOLLY HILL FLORIDA, INC.
605 8TH STREET
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

HOLLY HILL FLORIDA, INC.
605 8TH STREET
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: 59-6196574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMELZ, ANGUS S
109 BEAU RIVAGE DR.
ORMOND BEACH, FL 32176

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: PD ( ) Delete
Name: CERVIZZI, VIC
Address: 3 PARADISE FALLS CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: PARKS, MORTON H
Address: 398 DUBS DR.
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete
Name: DAVIS, CLIFFORD W
Address: 764 OSPREY DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: SCHMELZ, ANGUS S
Address: 109 BEAU RIVAGE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Delete
Name: BROWN, GILBERT G
Address: 299 EDDIE AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete
Name: SCHMELZ, ANGUS S
Address: 109 BEAU RIVAGE DR.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, CLIFFORD
Address: 764 OSPREY DR
City-St-Zip: PORT ORANGE, FL 32127

Title: VD (X) Change ( ) Addition
Name: HARMON, MIKE H
Address: 1501 CARMEN AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: D (X) Change ( ) Addition
Name: STEPNOWSKI, ED
Address: 155 CORAL CR
City-St-Zip: DAYTONA BEAC, FL 32119

Title: ( ) Change ( ) Addition
Name:
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 for the exemption stated in Section 119.07(3)(i), 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: CLIFFORD DAVIS PD 07/16/2004

Electronic Signature of Signing Officer or Director — Date