


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 725278 1. Entity Name DISABLED AMERICAN VETERANS CHAPTER 84-HOLLYHILL, FLORIDA, INC.	
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Principal Place of Business HOLLY HILL FLORIDA, INC. 605 8TH STREET HOLLY HILL, FL 32117 US	Mailing Address HOLLY HILL FLORIDA, INC. 605 8TH STREET HOLLY HILL, FL 32117 US
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01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6196574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHMELZ, ANGUS S 109 BEAU RIVAGE DR. ORMOND BEACH, FL 32176
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000191342
01/24/05-80170-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, CLIFFORD 764 OSPREY DR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARMON, MIKE H 1501 CARMEN AVE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPNOWSKI, ED 155 CORAL CR DAYTONA BEAC, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMELZ, ANGUS S 109 BEAU RIVAGE DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, GILBERT G 299 EDDIE AVE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMELZ, ANGUS S 109 BEAU RIVAGE DR. ORMOND BEACH, FL 32176

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 386-761-5041
Date Daytime Phone #

EDMUND S. STEPNOWSKI