

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725278

FILED
Jan 04, 2012
Secretary of State

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:

BROWN, GILBERT G
299 EDDIE AVE
HOLLY HILL, FL 32117 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: PD
Name: MABE, TOMMIE C
Address: 1224 S. PENNISULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VD
Name: TOLFA, RICHARD L
Address: 46 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: T
Name: STEPNOWSKI, EDMUND (ED) J
Address: 155 CORAL CR
City-St-Zip: S. DAYTONA, FL 32119

Title: D
Name: FLANAGAN, MICHAEL J
Address: 208 PONCE DE LEON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: D
Name: DAVIDSON, JAMES C
Address: 725 N. FLAMINGO DR
City-St-Zip: HOLLY HILL, FL 32117

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: GILBERT G. BROWN

SD

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date