FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

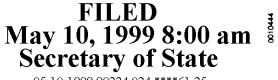
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727970

BAY COUNTY CHAPTER #106, DISABLED AMERICAN VETER ANS. INC.

Principal Place of Busines						
1108 E. 14TH ST.						
LYNN HAVEN FL 32444						

Mailing Address



05-10-1999 90224 024 ****61.25

1:08 E. 14TH LYNN HAVEN	\$T.	P. O. BOX 577 LYNN HAVEN FL 32444 US				
2. Principal P	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	
21	3. <u>2.</u> 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	26			11/07/1973	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For	
22		27			59-2388084 Not Applicable	
City & Stat	е	City & State			5. Certificate of Status Desired \$8.75 Additional	
23		28			5. Certificate of Status Desired Fee Required	
Zip	Country	Zip	Country	,	6. Election Campaign Financing \$5.00 May Be	
24	25	29 30			Trust Fund Contribution Added to Fees	
	9. Name and Address of Curren	t Registered Agent		1.5.	10. Name and Address of New Registered Agent	
			81	Name		
DAY, JOH	DAY, JOHN W.				Address (P.O. Box Number is Not Acceptable)	
1306 WYC	MING AVE					
LYNN HAV	EN FL 32444		83			
			84	City	85 Zip Code	
})) - 1		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	JONN is my _ s/z	·	2	w.	Way 5-19-99 Impulined widen reinstating) DATE	
L	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Regi		nt signature		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ OELETE	1.1 TITLE		BUICK, CERELD L GChange Addition	
NAME	DAY, JOHN W.		1.2 NAME		or creating and an arrangement of the control of th	
STREET ADDRESS	1306 WYOMING AVE		1.3 STREE	TADDRESS	2820 € 17TH ST	
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-S	T-ZIP_	FONDMA CITY EL	
TITLE	V	☐ DELETE	2.1 TITLE		V Ghange Addition	
NAME	QUICK, GEROLD L		2.2 NAME		LEWIS NOBSIST	
STREET ADDRESS	2820 E 17TH ST		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CITY-5	ST- ZIP	PANKMA CITY FL	
TITLE	VD	☐ DELETE	3.1 TITLE		VO YARBRIGHT JAMES A SCHANGE Addition YARBRIGHT JAMES A SCHANGE	
NAME	Lewis, Bobby R		3.2 NAME		YARBRESE PUE	
STREET ADDRESS	3131 W. 22ND ST		3.3 STREE	T ADDRESS	8/2 78/200	
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY-5	ST-ZIP	LYNN HAVEN FL	
TITLE	ST	☐ DELETE	4.1 TITLE		[Fthange ☐ Addition]	
NAME	WILKINSON, ROBERT		4.2 NAME		DAY JOHN W 1306 WYCHING AUE	
STREET ADDRESS	24 HARRISON AVE., #1104		4.3 STREE	TADDRESS	1306 WYEMINDE	
C/TY-ST-Z/P	PANAMA CITY FL	, <u> </u>	4.4 CITY-S		LYNN HANEN FL	
TITLE	D	DELETE	5.1 TITLE			
NAME	EVERITT, RONNIE J		5.2 NAME		SOFETHER BOOTH WILLIAM L	
STREET ADDRESS	102 N. COVE TERR. DR.		5.3 STREE	T ADDRESS	DOTEL MER BOOTH WILLMER L. Change MAddition	
CITY-ST-ZIP	PANAMA CITY FL	4	5.4 CITY-S	T-ZIP	FONDMA CITY FL	
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition	
NAME	HARE, HOWARD W		6.2 NAME			
STREET ADDRESS	1915 WILSON AVENUE D-1		6.3 STREE	T ADDRESS	5	
CITY+ST-ZIP	PANAMA CITY FL		6.4 CITY-S	T- ZIP		
UIII-OI-LIF	FERNING OFFICE				<u> </u>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: JOHN SEGMENTURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR