FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:29

DOCUMENT # **728094** **(4)**

1. Corporation Name

DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORID A, INCORPORATED

Principal Place of Business	Mailing Address
17601 VETERANS WAY P.O.BOX 999 MICANOPY FL 32667-0999	17601 VETERANS WAY P.O.BOX 999 MICANOPY FL 32667-0999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1973
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-0915376 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LINDEN, ALBERT H., JR
17601 VETERANS WAY
MICANOPY FL 32667

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDEN, ALBERT H., JR.	1.2 NAME	
STREET ADDRESS	2341 NW 35TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	~~PD.~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~ENGWILLER, JOHN~~	2.2 NAME	
STREET ADDRESS	~~541 S.E. 15TH STREET~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~POMPANO BEACH FL~~	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HICKMAN, JAMES W.	3.2 NAME	
STREET ADDRESS	P.O. BOX 473 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PASSWATER, GEORGE	4.2 NAME	
STREET ADDRESS	6957 DEAUVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MELCHER, ROBERT	5.2 NAME	
STREET ADDRESS	8280 61ST ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRY WARBURTON	6.2 NAME	
STREET ADDRESS	1660 HAYWORTH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Albert H. Linden Jr ST D 1/26/95 904-466-4284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000C60