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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728094 (4)

1. Corporation Name

DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA
A, INCORPORATED

Principal Place of Business

Mailing Address

17601 VETERANS WAY
P.O. BOX 999
MICANOPY FL 32667-099917601 VETERANS WAY
P.O. BOX 999
MICANOPY FL 32667-0999

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/21/1973

3a. Date of Last Report

01/31/1996

4. FEI Number

59-0915376

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME LINDEN, ALBERT H., JR.
STREET ADDRESS 2341 NW 35TH TERR
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE IRVING UNGER
1.2 NAME
1.3 STREET ADDRESS 7301 NW 1ST ST Bldg 9 #107
1.4 CITY-ST-ZIP MARGATE, FL. 33063TITLE D
NAME HICKMAN, JAMES W.
STREET ADDRESS P.O. BOX 473 N/A
CITY-ST-ZIP BUSHNELL FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD
NAME PASSWATER, GEORGE
STREET ADDRESS 6957 DEAUVILLE RD.
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME MELCHER, ROBERT
STREET ADDRESS 8280 81ST ST.
CITY-ST-ZIP PINELLAS PARK FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME HARRY WARBURTON
STREET ADDRESS 1680 HAYWORTH RD
CITY-ST-ZIP PORT CHARLOTTE FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011800

CR2E037 (9/96)