

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **728094** (4)

1. Corporation Name

**DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**17801 VETERANS WAY  
P.O. BOX 999  
MICANOPY FL 32667-0999**

**17801 VETERANS WAY  
P.O. BOX 999  
MICANOPY FL 32667-0999**

3. Date Incorporated or Qualified

**11/21/1973**

4. FEI Number

**59-0915376**

Applied For  
Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINDEN, ALBERT H., JR  
17801 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

*Albert H. Linden Jr.*

(NOTE: Registered Agent signature required when reinstating)

**1120198**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **STD LINDEN, ALBERT H., JR.**  
STREET ADDRESS **2341 NW 35TH TERR**  
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VPD UNGER, IRVING**  
STREET ADDRESS **7301 NW 1ST ST BLDG 9 #107**  
CITY-ST-ZIP **MARGATE FL 33063**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PD PASSWATER, GEORGE**  
STREET ADDRESS **6957 DEAUVILLE RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VPD MELCHER, ROBERT**  
STREET ADDRESS **8280 81ST ST.**  
CITY-ST-ZIP **PINELLAS PARK FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D HARRY WARBURTON**  
STREET ADDRESS **1680 HAYWORTH RD**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Albert H. Linden Jr.*

**1120198 (352) 466-4084**

CR2E037 (10/97)