

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# 728094

Entity Name: DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Current Principal Place of Business:

17601 VETERANS WAY
P.O.BOX 999
MICANOPY, FL 326670999

New Principal Place of Business:

Current Mailing Address:

17601 VETERANS WAY
P.O.BOX 999
MICANOPY, FL 326670999

New Mailing Address:

FEI Number: 59-0915376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LINDEN, ALBERT H., JR
17601 VETERANS WAY
MICANOPY, FL 32667 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: STD () Delete
Name: LINDEN, ALBERT H., J, R.
Address: 2341 NW 35TH TERR
City-St-Zip: GAINESVILLE, FL

Title: DP () Delete
Name: SULLIVAN, ROGER
Address: 918 CHULA STREET
City-St-Zip: LADY LAKE, FL 32159

Title: DV () Delete
Name: ROYER, SILVA
Address: 1234 MISSOURI AVE, APT 313
City-St-Zip: CLEARWATER, FL 33756

Title: DV () Delete
Name: STONE, DAVID
Address: 3658 MARY LANE
City-St-Zip: SARASOTA, FL 34238

Title: DV () Delete
Name: HAYNES, JOHN
Address: 1575 SYKES CREEK DR
City-St-Zip: MERRIT ISLAND, FL 32953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SULLIVAN, ROGER
Address: 918 CHULA STREET
City-St-Zip: LADY LAKE, FL 32159

Title: DP (X) Change () Addition
Name: ROYER, SILVA
Address: 1234 MISSOURI AVE, APT 313
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Change (X) Addition
Name: CONDON, PHILLIP
Address: 9603 PAT STREET
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERT H. LINDEN JR

STD

01/25/2005

Electronic Signature of Signing Officer or Director

Date