2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728094

FILED Jan 29, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2015 SW 75TH STREET GAINESVILLE, FL 32607 **Current Mailing Address: New Mailing Address:** 2015 SW 75TH STREET GAINESVILLE, FL 32607 FEI Number: 59-0915376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINDEN, ALBERT H DS 2015 SW 75TH STREET GAINESVILLE, FL 32607 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LINDEN, ALBERT H., J, R. Name: Name: 2341 NW 35TH TERR Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: Title: Title: () Delete () Change () Addition STONE, DAVID Name: Name: Address: 3658 MARY LANE Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: DP () Delete Title: (X) Change () Addition ROYER, SILVA HAYNES, JOHN Name: Name: 1234 MISSOURI AVE, APT 313 Address: Address: 424 HIAWATHA FARMS S City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: MONTICELLO, FL 32344 Title: DV () Delete Title: () Change () Addition Name: TRACY, FRANK Name: 33343 SOMERSET DR Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition HAYNES, JOHN HOUYOU, JOHN Name: Name: 424 HIWATHAS FARMS S 3010 BAYSHORE BLVD Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: SPRINGHILL, FL 34608 Title: () Delete Title: () Change () Addition CONDON, PHILLIP Name: Name: Address: 9603 PAT STREET Address: HUDSON, FL 34669 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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. SEC 01/29/2007