

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728094

FILED  
Apr 03, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2015 SW 75TH STREET  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

2015 SW 75TH STREET  
GAINESVILLE, FL 32607

**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 DS  
2015 SW 75TH STREET  
GAINESVILLE, FL 32607 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: D ( ) Delete  
Name: STONE, DAVID  
Address: 3658 MARY LANE  
City-St-Zip: SARASOTA, FL 34238

Title: DP ( ) Delete  
Name: HAYNES, JOHN  
Address: 424 HIAWATHA FARMS S  
City-St-Zip: MONTICELLO, FL 32344

Title: DV ( ) Delete  
Name: TRACY, FRANK  
Address: 33343 SOMERSET DR  
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete  
Name: HOUYOU, JOHN  
Address: 3010 BAYSHORE BLVD  
City-St-Zip: SPRINGHILL, FL 34608

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DP (X) Change ( ) Addition  
Name: CONDON, PHIL CMDR  
Address: 8030 CASUARINE DR  
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Change ( ) Addition  
Name: HAYNES, JOHN  
Address: 424 HIAWATHA FARMS S  
City-St-Zip: MONTICELLO, FL 32344

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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.

STD

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date