

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728094

FILED
Jan 14, 2009
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: DP () Delete
Name: CONDON, PHIL CMDR
Address: 8030 CASUARINE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: D () 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LINDEN, ALBERT H., J. R.
Address: 10344 SW TERR
City-St-Zip: GAINESVILLE, FL 32608

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

Title: D (X) Change () Addition
Name: KELLAT, JOHN
Address: 2648 EDGEWATER AVE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: DP (X) Change () Addition
Name: TRACY, FRANK
Address: 33343 SOMERSET DR
City-St-Zip: LEESBURG, FL 34788

Title: DV (X) Change () Addition
Name: HOUYOU, JOHN
Address: 3010 BAYSHORE BLVD
City-St-Zip: SPRINGHILL, FL 34608

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.

DST

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date