2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2010
Secretary of State

DOCUMENT# 728094

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
Name: LINDEN, ALBERT H., JR.
Address: 10344 SW TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: P/D
Name: SURSELY, JIM CMDR
Address: 517 SPRING HOLLOW BLVD
City-St-Zip: APOPKA, FL 32712

Title: D
Name: MARKIEWICZ, JOHN
Address: 5349 SELTON AVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: TOLFA, RICHARD
Address: 46 WINDING CREEK WAY
City-St-Zip: ORMOND BCH, FL 32174

Title: D
Name: KOVAC, ALEX
Address: 14510 SW 108TH ST
City-St-Zip: MIAMI, FL 33186

I hereby 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 all other like empowered.

SIGNATURE: ALBERT H. LINDEN JR. STD 02/08/2010
Electronic Signature of Signing Officer or Director — Date