

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:24

DOCUMENT # 729671 (8)

1. Corporation Name

CENTRAL BREVARD CHAPTER #50, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business Mailing Address
P. O. BOX 908VE., #9 COCOA FL 32923 P. O. BOX 908VE., #9 COCOA FL 32923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1974	3a. Date of Last Report 04/25/1994
4. FEI Number 59-6196577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
HOLLOWAY, ROBERT G.
526 COCOA ISLES BLVD.
COCOA FL 32931

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ANDERSON, MICHAEL R.
STREET ADDRESS	432 GRANT AVENUE
CITY - ST - ZIP	COCOA BEACH FL
TITLE	VCD
NAME	ROBINSON, BISHOP
STREET ADDRESS	804 TEMPLE ST.
CITY - ST - ZIP	COCOA FL
TITLE	DC
NAME	HOLLOWAY, ROBERT G.
STREET ADDRESS	526 COCOA ISLES BLVD.
CITY - ST - ZIP	COCOA BEACH FL
TITLE	D
NAME	NELSON, JAMES O.
STREET ADDRESS	3833 S BANANA RIVER DR
CITY - ST - ZIP	COCOA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D LEWIS J. TALBOT
2.3 STREET ADDRESS	6255 JANINA RD
2.4 CITY - ST - ZIP	COCOA, FL 32927
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	OT HOUTON P BARNES III
5.3 STREET ADDRESS	1946 QUAIL RIDGE DR A802
5.4 CITY - ST - ZIP	COCOA FL 32926-7717
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HOUTON P BARNES III *Houton Barnes* 2 Feb 98 (407) 636-3868
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Signature