

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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COCOA FL 32923

3. Date Incorporated or Qualified
05/15/1974

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
59-6196577

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLOWAY, ROBERT G.
526 COCOA ISLES BLVD.
COCOA FL 32931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, MICHAEL R.	
STREET ADDRESS	432 GRANT AVENUE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALBOTT, LEWIS J	
STREET ADDRESS	6255 JANINA RD	
CITY-ST-ZIP	COCOA FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, ROBERT G.	
STREET ADDRESS	526 COCOA ISLES BLVD.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, JAMES O.	
STREET ADDRESS	3833 S BANANA RIVER DR	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, HOURTON P III	
STREET ADDRESS	1946 QUAIL RIDGE DR #802	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALTON R. PARKER	
1.3 STREET ADDRESS	2934 MATTHEW DRIVE	
1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955-3818	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert G. Holloway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

ROBERT G. HOLLOWAY
526 COCOA ISLES BLVD
COCOA BEACH, FL 32931

2/2/96

407-783-6543
Daytime Phone #

CR2E037 (12/95)