

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90023 019 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729671

1. Corporation Name

CENTRAL BREVARD CHAPTER #50, DISABLED AMERICAN V
ETERANS, INC.

Principal Place of Business

P. O. BOX 908VE.. #9
COCOA FL 32923

Mailing Address

P. O. BOX 908VE.. #9
COCOA FL 32923



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/15/1974

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

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PARKER, ALTON R
STREET ADDRESS 2934 MATTHEW DRIVE
CITY-ST-ZIP ROCKLEDGE FL

TITLE D ☐ DELETE

NAME TALBOTT, LEWIS J
STREET ADDRESS 6255 JANINA RD
CITY-ST-ZIP COCOA FL

TITLE DC ☐ DELETE

NAME HOLLOWAY, ROBERT G.
STREET ADDRESS 526 COCOA ISLES BLVD.
CITY-ST-ZIP COCOA BEACH FL

TITLE D ☐ DELETE

NAME NELSON, JAMES O.
STREET ADDRESS 3833 S BANANA RIVER DR
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Robert G. Holloway ROBERT G. Holloway 1/24/99 407-783-6543
Date Daytime Phone #

CR2E037 (11/98)