

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90033 017 ****61.25

DOCUMENT # 729671

1. Entity Name
CENTRAL BREVARD CHAPTER #50, DISABLED
AMERICAN VETERANS, INC.



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

Mailing Address
P. O. BOX 908VE., #9
COCOA, FL 32923

*Corrected
address*

50059284



2. Principal Place of Business
P. O. Box 908
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 908
Suite, Apt. #, etc.

07252005 Chg-NP CR2E037 (10/03)

City & State
Cocoa, FL
Zip
32923

Country
Brevard

City & State
Cocoa, FL
Zip
32923

Country

4. FEI Number
NOT APPLICABLE **59-6196577**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. 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 **TRIBBLE, ROBERT W JR**
STREET ADDRESS **1142 TARPON DR.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **T** ☐ Delete
NAME **ANDERSON, MICHAEL R**
STREET ADDRESS **8000 RIDGEWOOD AVE #201**
CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael R. Anderson

Michael R. Anderson, Treasurer 7-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(321)
783-7401**