

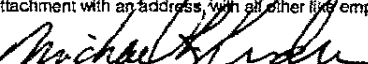


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
— Secretary of State

DOCUMENT # 729671 <small>1. Entity Name</small> CENTRAL BREVARD CHAPTER #50, DISABLED AMERICAN VETERANS, INC.																																																			
<small>Principal Place of Business</small> P. O. BOX 908 COCOA, FL 32923	<small>Mailing Address</small> P. O. BOX 908 COCOA, FL 32923																																																		
DO NOT WRITE IN THIS SPACE		 01082007 No Chg-NP CR2E037 (4/06) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><small>4. FEI Number</small> 59-6196517</td><td style="width: 40%;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 59-6196517	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required																																														
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<small>6. Name and Address of Current Registered Agent</small> HOLLOWAY, ROBERT G. 528 COCOA ISLES BLVD. COCOA, FL 32931		DO NOT WRITE IN THIS SPACE																																																	
<small>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.</small>																																																			
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ <small>DATE</small> _____																																																			
Filing Fee is \$61.25 Due by May 1, 2007	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000614224 02/06/07-80017-006 61.25																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE</small></td><td style="width: 85%;">D</td></tr><tr><td><small>NAME</small></td><td>PARKER, ALTON R</td></tr><tr><td><small>STREET ADDRESS</small></td><td>2934 MATTHEW DRIVE</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>ROCKLEDGE, FL</td></tr><tr><td><small>TITLE</small></td><td>D</td></tr><tr><td><small>NAME</small></td><td>TALBOTT, LEWIS J</td></tr><tr><td><small>STREET ADDRESS</small></td><td>6255 JANINA RD</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>COCOA, FL</td></tr><tr><td><small>TITLE</small></td><td>DC</td></tr><tr><td><small>NAME</small></td><td>HOLLOWAY, ROBERT G.</td></tr><tr><td><small>STREET ADDRESS</small></td><td>528 COCOA ISLES BLVD.</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>COCOA BEACH, FL</td></tr><tr><td><small>TITLE</small></td><td>D</td></tr><tr><td><small>NAME</small></td><td>TRIBBLE, ROBERT WJR</td></tr><tr><td><small>STREET ADDRESS</small></td><td>1142 TARPON DR.</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>ROCKLEDGE, FL 32955</td></tr><tr><td><small>TITLE</small></td><td>T</td></tr><tr><td><small>NAME</small></td><td>ANDERSON, MICHAEL R</td></tr><tr><td><small>STREET ADDRESS</small></td><td>8000 RIDGEWOOD AVE #201</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>CAPE CANAVERAL, FL 32920</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr></table>		<small>TITLE</small>	D	<small>NAME</small>	PARKER, ALTON R	<small>STREET ADDRESS</small>	2934 MATTHEW DRIVE	<small>CITY-ST-ZIP</small>	ROCKLEDGE, FL	<small>TITLE</small>	D	<small>NAME</small>	TALBOTT, LEWIS J	<small>STREET ADDRESS</small>	6255 JANINA RD	<small>CITY-ST-ZIP</small>	COCOA, FL	<small>TITLE</small>	DC	<small>NAME</small>	HOLLOWAY, ROBERT G.	<small>STREET ADDRESS</small>	528 COCOA ISLES BLVD.	<small>CITY-ST-ZIP</small>	COCOA BEACH, FL	<small>TITLE</small>	D	<small>NAME</small>	TRIBBLE, ROBERT WJR	<small>STREET ADDRESS</small>	1142 TARPON DR.	<small>CITY-ST-ZIP</small>	ROCKLEDGE, FL 32955	<small>TITLE</small>	T	<small>NAME</small>	ANDERSON, MICHAEL R	<small>STREET ADDRESS</small>	8000 RIDGEWOOD AVE #201	<small>CITY-ST-ZIP</small>	CAPE CANAVERAL, FL 32920	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		DO NOT WRITE IN THIS SPACE	
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<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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</small>																																																			
SIGNATURE:  MICHAEL R. ANDERSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-27-2007 (321) 383-2775 <small>Date Daytime Phone #</small>																																																	