


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

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

**DOCUMENT # 729671**  
1. Entity Name  
**CENTRAL BREVARD CHAPTER #50, DISABLED  
AMERICAN VETERANS, INC.**



Principal Place of Business <b>P. O. BOX 908 COCOA, FL 32923</b>	Mailing Address <b>P. O. BOX 908 COCOA, FL 32923</b>
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01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6196517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HOLLOWAY, ROBERT G.  
528 COCOA ISLES BLVD.  
COCOA, FL 32931**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000614224  
02/06/07-80017-006 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ALTON R 2934 MATTHEW DRIVE ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOTT, LEWIS J 6255 JANINA RD COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HOLLOWAY, ROBERT G. 528 COCOA ISLES BLVD. COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBBLE, ROBERT WJR 1142 TARPON DR. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, MICHAEL R 8000 RIDGEWOOD AVE #201 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

**SIGNATURE:** *Michael R. Anderson* **MICHAEL R. ANDERSON** 1-27-2007 (321) 383-2775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #