

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729671

FILED
Jan 27, 2009
Secretary of State

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

Current Principal Place of Business:

P. O. BOX 908
COCOA, FL 32923

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 908
COCOA, FL 32923

New Mailing Address:

FEI Number: 59-6196517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDERSON, MICHAEL R
8000 RIDGEWOOD AVE
#201
CAPE CANAVERAL, FL 32920 US

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.

SIGNATURE: MICHAEL R. ANDERSON

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARKER, ALTON R
Address: 2934 MATTHEW DRIVE
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: TALBOTT, LEWIS J
Address: 6255 JANINA RD
City-St-Zip: COCOA, FL

Title: DC () Delete
Name: HOLLOWAY, ROBERT G.,
Address: 526 COCOA ISLES BLVD.
City-St-Zip: COCOA BEACH, FL

Title: T () Delete
Name: ANDERSON, MICHAEL R
Address: 8000 RIDGEWOOD AVE #201
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: O'NEILL, JIM
Address: 4785 LEMON ST.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDR (X) Change () Addition
Name: TALBOTT, LEWIS J
Address: 6255 JANINA RD
City-St-Zip: COCOA, FL 32927

Title: ADJ (X) Change () Addition
Name: REIFERT, RICHARD
Address: 1039 SCHOOL ST
City-St-Zip: COCOA, FL 32922

Title: SVC (X) Change () Addition
Name: PARKER, ALTON R
Address: 2934 MATTHEW DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENRY, BRUCE
Address: 953 BOLTON LANE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. ANDERSON

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date