2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 17, 2004 8:00 am Secretary of State **DOCUMENT # 730104** 1. Entity Name 02-17-2004 90049 009 ****70.00 J.L. GOLIGHTLY CHAPTER 32, DISABLED AMERICAN VETETERANS, INC. Principal Place of Business Mailing Address 2265 N HARBOR CITY BLVD MELBOURNE FL 32935 2265 N HARBOR CITY BLVD MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address same ame Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-6151131 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROLL, JAMES M. 741 W. BONNIE CIR MELBOURNE FL 32901 Delete City Zip Code **32909** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. commander TITLE TITLE Delete Change ☐ Addition ROLL, JAMES Blanchard NAME NAME 741 BONNIE CIRCLE Terry Rd. S.E. STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HARPER, RUSSELL D NAME NAME 4565 COMPORT ST. STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-7IP CITY-ST-ZIP JVC TITLE ■ Delete TITLE Change Addition QUEEN, JOHN G NAME NAME Alberni St. N.W. 2647 BURNS AVE. STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP TITLE X Change Delete TITLE ☐ Addition CRADDOCK, RON NAME NAME 3009 SW ELIZABETH ST. STREET ADDRESS STREET ADDRESS WEST MELBOURNE FL 32904-6720 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2004

FILED