## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # 730104 06-02-2006 90003 045 \*\*\*\*61.25 J.L. GOLIGHTLY CHAPTER 32, DISABLED AMERICAN VETETERANS, INC. Principal Place of Business Mailing Address 50020406 2265 N HARBOR CITY BLVD 2265 N HARBOR CITY BLVD MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address 8uite, Apt. A etc State, Apt. #(etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-6151131 Not Applicable Zip Zip Country 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 H SORRENTINO ALBERT BRAZ, RAYMOND E 2265 N. HARBOR CITY BLVD (P.O. Box Number is Not Acceptable) MELBOURNE FL 32935 \_Bourse 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 SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. AMENANE + ADDICE SS Addition TITLE □ Delete TITLE 9 SORRENTINO, ALBERT NAME NAME 1054 BACON CIR NE STREET ADDRESS STREET ADDRESS TITLE CLANGE ATO ADJUTANT PALM BAY FL 32905 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition Delete STEPJEN, NICHOLAS M ľ A & & M = ~ 365 BANAMA BLVD STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE RANDOLPH, SAMUEL C NAME NAME STREET ADDRESS 1873 LARAMIE CIR STREET ADDRESS MELBØURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE 🔀 Delete BRAZ, RAYMOND NAME NAME 201 MONÁÇO RD STREET ADDRESS STREET ADDRESS MELBØURNE\FL 32904 CITY-ST-7IP C(TY-ST-7)P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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 attacpment with an address, with pil other like empowered.

**FILED** 

Jun 02, 2006 8:00 am