

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90051 002 \*\*\*\*61.25

**DOCUMENT # 730104**

1. Entity Name

J.L. GOLIGHTLY CHAPTER 32, DISABLED AMERICAN  
VETERANS, INC.



Principal Place of Business

Mailing Address

2265 N HARBOR CITY BLVD  
MELBOURNE FL 32935  
US

2265 N HARBOR CITY BLVD  
MELBOURNE FL 32935  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6151131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORRENTINO, ALBERT  
2265 NORTH HARBOR CITY BOULEVARD  
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete  
NAME SORRENTINO, ALBERT  
STREET ADDRESS 1054 BACON CIR NE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE ADJ ☒ Change ☐ Addition  
NAME SORRENTINO, ALBERT  
STREET ADDRESS 1054 BACON CIR NE  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE C ☐ Delete  
NAME ADAMS, PAUL  
STREET ADDRESS 2426 KINT RICHARD ROAD  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE T ☐ Change ☒ Addition  
NAME BRIAN L. MITCHELL  
STREET ADDRESS 1504 HENOREN DR  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ADJ ☒ Delete  
NAME RANDOLPH, SAMUEL C  
STREET ADDRESS 1873 LARAMIE CIR  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VC ☐ Change ☒ Addition  
NAME MASON, EARL P.  
STREET ADDRESS 1870 BLVD HAZARD DR  
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE T ☒ Delete  
NAME CRADDOCK, RON  
STREET ADDRESS 3009 SOUTHWEST ELIZABETH STREET  
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Albert Sorrentino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/07 3212594827*  
Date Daytime Phone #