

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 730104

1. Entity Name
J.L. GOLIGHTLY CHAPTER 32, DISABLED AMERICAN
VETERANS, INC.
VETERANS



Principal Place of Business
2265 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Mailing Address
2265 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

FILED

08 MAY 12 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

05052008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6151131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SORRENTINO, ALBERT
2265 NORTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name BIZIAN L. MITCHELL

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

2265 NORTH HARBOR CITY BLVD

City MELBOURNE

FL

Zip Code
32935

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

Brian L. Mitchell

BRIAN L. MITCHELL ADJUTANT/TREASURER

7 MAY 2008

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

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

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

TITLE T
NAME MITCHELL, BRIAN L ☐ Delete
STREET ADDRESS 1504 HENDRIN DR
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VC
NAME MASON, EARL P ☐ Delete
STREET ADDRESS 821 ST MICHAEL DR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *075124* ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500129597933
05/15/08--01026--010 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
1307 ENCLAVE DR
ROCKLEDGE, FL 32955

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

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

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:

Brian L. Mitchell

BRIAN L. MITCHELL ADJUTANT/TREASURER

7 MAY 2008

321-259-4827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #