

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732397

FILED
May 15, 2009
Secretary of State

Entity Name: SEMINOLE COUNTY CHAPTER NO. 30, DISABLED AMERICAN VETERANS, INC.

Current Principal Place of Business:

3512 ORLANDO DR
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

3512 ORLANDO DR
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-6198781 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STROBEL, CARL
341 TROTTER CT
SANFORD, FL 32773 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: STROBEL, CARL
Address: 341 TROTTER CT
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: BELT, RONALD L
Address: 428 S ALDERWOOD ST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST () Delete
Name: BUCKLEY, ROBERT V
Address: 110 EAST JINKINS CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: JRVD () Delete
Name: PROVOST, JOE
Address: 600 MIMOSA TERRACE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT V. BUCKLEY

TREA

05/15/2009

Electronic Signature of Signing Officer or Director

Date