

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732397

**FILED**  
**Jun 29, 2011**  
**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 ( )**

**Name and Address of Current Registered Agent:**

EDSALL, TERRY L DC  
221 FLAMINGO DRIVE  
SANFORD, FL 32773 US

**Name and Address of New Registered Agent:**

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  
Name: MCCORMICK, PERRY D  
Address: 221 FLAMINGO DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: VD  
Name: SMITH, ROBERT J  
Address: 110 OAKLAND AVE.  
City-St-Zip: SANFORD, FL 32773

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

I hereby 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 all other like empowered.

SIGNATURE: PERRY MCCORMICK

DC

06/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date