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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735463** **(2)**

1. Corporation Name

CENTRAL FLORIDA CHAPTER 16, DISABLED AMERICAN VETERANS, INCORPORATION

Principal Place of Business	Mailing Address
2040 W CENTRAL BLVD. CHAPT 16 ORLANDO FL 32805	2040 W CENTRAL BLVD. CHAPT 16 ORLANDO FL 32805-2129

3. Date Incorporated or Qualified: 04/02/1976
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-6196589 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERG, ALLEN E
2040 W. CENTRAL BLVD.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	HEATH DONALD C		1.2 NAME	SIPE, JOHN W.	
STREET ADDRESS	660 GLENVIEW DR		1.3 STREET ADDRESS	4027 KINGSBRIDGE DR	
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP	ORLANDO, FL.	
TITLE	P	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	COLOMBANI, JORGE L.		2.2 NAME	FELICIANO, ISIDOR	
STREET ADDRESS	2621 HUNTINGTON CT		2.3 STREET ADDRESS	9104 VALENCA COLLEGE	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	ORLANDO FL.	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERG, ALLEN E		3.2 NAME	TD	
STREET ADDRESS	7900 CAPTAIN MORGAN BLVD.		3.3 STREET ADDRESS	BERG, ALLEN E	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	7900 CAPTAIN MORGAN BLVD. ORLANDO, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SIPE, JOHN W.		4.2 NAME	D	
STREET ADDRESS	4027 KINGSBRIDGE DR		4.3 STREET ADDRESS	HANDY, ERNEST H.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	2925 PARKLAND DR ORLANDO, FL.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen E Berg Jan. 24, 1997