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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735463**

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 04/02/1976

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

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

REDDING, MARY L
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 Mary L Redding — 6 Jan 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	YOST, ROGER E		1.2 NAME	Kensak, Daniel	
STREET ADDRESS	12815 LAKEVIEW AVE		1.3 STREET ADDRESS	2040 W Central Blvd	
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP	Orlando FL 32805	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	FELICIANO, ISIDR		2.2 NAME	Feliciano, Isidore	
STREET ADDRESS	9104 VALENCA COLLEGE		2.3 STREET ADDRESS	9104 Valencia College	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando FL 32817	
TITLE	TD	☐ DELETE	3.1 TITLE	TDS	☑ Change ☐ Addition
NAME	REDDING, MARY L		3.2 NAME	Redding Mary L	
STREET ADDRESS	9972 KENDAL DR		3.3 STREET ADDRESS	2040 W Central Blvd	
CITY-ST-ZIP	ORLANO FL 32817		3.4 CITY-ST-ZIP	Orlando FL 32805	
TITLE	DT	☑ DELETE	4.1 TITLE	DP	☑ Change ☐ Addition
NAME	WILLIAMS, HARRY C		4.2 NAME	Dixon Brown	
STREET ADDRESS	1420 ASHER LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32823		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE	T	☐ Change ☐ Addition
NAME	KENSAK, DANIEL		5.2 NAME	Sursely, Jim	
STREET ADDRESS	9972 KENDAL DR		5.3 STREET ADDRESS	2040 W Central Blvd	
CITY-ST-ZIP	ORLANDO FL 32817		5.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	T	☐ DELETE	6.1 TITLE	T	☑ Change ☐ Addition
NAME	SURSELY, JIM		6.2 NAME	Yost Roger E	
STREET ADDRESS	2040 CENTRAL BLVD		6.3 STREET ADDRESS	12815 Lakeview Ave	
CITY-ST-ZIP	ORLANDO FL 32805		6.4 CITY-ST-ZIP	Clermont FL 34711	

14. I 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, with all other like empowered.

SIGNATURE: Daniel Kensak **SIGNATURE REQUIRED** — 6 Jan 99 — 407-843-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)