NOT FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State
05-21-2004 90005 001 ****61.25

DOCUMENT # 735463

1. Entity 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

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2040 West Central Blvd	2040 W Central Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32805 Country: USA	Zip: 32805 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIPE, JOHN W 2040 W. CENTRAL BLVD. ORLANDO, FL 32805	Name: ELLEN L. CLEVEN Street Address (P.O. Box Number is Not Acceptable): 2040 W Central Blvd City: Orlando FL Zip Code: 32805

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 ELLEN L. CLEVEN, Adjutant/Treasurer Ellen L. Cleven 18 May 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JENKINS, FRANKLIN 955 BRIARWOOD LN ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Commander/D Angel E. Pagan 2801 Kinnon Dr Orlando, FL 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ST. PE, JOHN W 4027 KINGSBRIDGE ORLANDO, FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr. Vice Commander/D John A. Nardy, Jr. PO Box 161548 Little Bend Rd Altamonte Springs, FL 32716	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIPE, JOHN W 2040 W CENTRAL BLVD ORLANDO, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Adjutant/D Ellen L. Cleven 9972 Kendal Dr. Orlando, FL 32817-1816	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TILLEY, STERLING D 11628 BLACKMOOR DR ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Ellen L. Cleven 9972 Kendal Dr. Orlando, FL 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DIXON 933 CARTER RD WINTER GARDEN, FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jr. Vice Commander/D Roy L. Wiggins 5933 Groveline Dr. Orlando, FL 32810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, HARRY C 1420 ASHER LN ORLANDO, FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Judge Advocate John W. Sipe 4027 Kingsbridge Orlando FL 32839	☒ Change ☐ Addition

12. 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 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: Ellen L. Cleven, Adjutant/Treasurer Ellen L. Cleven 18 May 04
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date