FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90071 043 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 735463

1. Entity Name
CENTRAL FLORIDA CHAPTER 16, DISABLED AMERICAN VETERANS, INCORPORATION

Principal Place of Business	Mailing Address
2040 WEST CENTRAL BLVD ORLANDO, FL 32805	2040 WEST CENTRAL BLVD ORLANDO, FL 32805

04072006 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
CLEVEN, ELLEN L 2040 W. CENTRAL BLVD. ORLANDO, FL 32805	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, Treasurer/Director *Ellen L. Cleven* 10 Apr 2005
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, 2005

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	CD PAGAN, ANGEL E 2801 KINNON DR ORLANDO, FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD David Stone 4518 Oak Forest Ct Orlando FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCD NARDY, JOHN A JR PO BOX 161548 LITTLE BEND RD ALTAMONTE SPRINGS, FL 32716	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCD David J. McCall 630 Copnestoga Ave Orlando FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADTD CLEVEN, ELLEN L 9972 KENDAL DR ORLANDO, FL 328171816	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVCD WIGGINS, ROY L 5933 GROVELINE DR ORLANDO, FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVCD Antonio Rosado 7735 Ravana Dr Orlando FA 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JA SIPE, JOHN W 4027 KINGSBRIDGE ORLANDO, FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAD Alexis Martinez PO Box 3027 Orlando FL 32802	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD Angel E. Pagan 2801 Kinnon Dr Orlando FL 32917	☐ 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 *Ellen L. Cleven* 10 Apr 2005 407-657-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #