2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90015 038 ****61.25

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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

02162006 Chg-NP CR2E037 (11/05)

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 DENNIS A. JOYNER Street Address (P.O. Box Number is Not Acceptable) 490 SABAL TRAIL CIRCLE City LONGWOOD FL Zip Code 32779

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 [signature] DENNIS A. JOYNER 3/2/06
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, 2006

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 STONE, DAVID 4518 OAK FOREST CT ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER DAVID J. MCCALL 630 CONSTOGA CIR ORLANDO FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCD MCCALL, DAVID J 630 COPNESTOGA AVE ORLANDO, FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR VICE COMMANDER ROBERT KANE 1401 W. Highway 50 - LOT 53 Clermont FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLEVEN, ELLEN L 9972 KENDAL DR ORLANDO, FL 328171816	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE DENNIS JOYNER 490 SABAL TRAIL CIRCLE LONGWOOD, FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVCD ROSADO, ANTONIO 7735 RAVANA DR ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAD MARTINEZ, ALEXIS PO BOX 3027 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD PAGAN, ANGEL E 2801 KINNON DR ORLANDO, FL 32917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADJUTANT JOHN W. SIPE 4027 KINGS BRIDGE DR. ORLANDO, FL 32839	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] DAVID MCCALL 03/02/06 407 843-5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #