

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90210 018 ****61.25

DOCUMENT # 735463

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



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

Mailing Address
**2040 WEST CENTRAL BLVD
ORLANDO, FL 32805**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-6196589

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOYNER, DENNIS A
490 SABAL TRL CIR
LONGWOOD, FL 32779**

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

[Signature]

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1/10/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **C** ☒ Delete
NAME **MCCALL, DAVID J**
STREET ADDRESS **630 CONSTOGA CIR**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **SVC** ☒ Delete
NAME **KANE, ROBERT**
STREET ADDRESS **1401 W HWY 50, LOT 53**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **T** ☐ Delete
NAME **JOYNER, DENNIS**
STREET ADDRESS **490 SABAL TRL CIR**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **JVCD** ☒ Delete
NAME **ROSADO, ANTONIO**
STREET ADDRESS **7735 RAVANA DR**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **JAD** ☒ Delete
NAME **MARTINEZ, ALEXIS**
STREET ADDRESS **PO BOX 3027**
CITY-ST-ZIP **ORLANDO, FL 32802**

TITLE **AD** ☒ Delete
NAME **SIPE, JOHN W**
STREET ADDRESS **4027 KINGSBRIDGE DR**
CITY-ST-ZIP **ORLANDO, FL 32839**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition
NAME **JAMES SURSOLY**
STREET ADDRESS **2040 W. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **SVC** ☒ Change ☐ Addition
NAME **JAMES NELSON**
STREET ADDRESS **2040 W. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **SVC** ☒ Change ☐ Addition
NAME **ELLEN CLEVEN**
STREET ADDRESS **2040 W. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **JAD** ☒ Change ☐ Addition
NAME **DAVID J MCCALL**
STREET ADDRESS **2040 W. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **AD** ☒ Change ☐ Addition
NAME **DENNIS JOYNER**
STREET ADDRESS **2040 W. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL 32805**

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] **DENNIS A. JOYNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

DATE

407-247-3912

DAYTIME PHONE #