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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735706 (4)

1. Corporation Name
JOHN T. HENSLEY CHAPTER 96, DISABLED AMERICAN VETERANS, INCORPORATED

Principal Place of Business COUNTY ROAD 489 LAKE PANASOFFKE FL 33538	Mailing Address P.O. BOX 974 LAKE PANASOFFKE FL 33538-0974 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/30/1976	3a. Date of Last Report 02/02/1996
4. FEI Number 23-7098922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONIGLIO, C. JOHN
104 WEBSTER ST
WILDWOOD FL 34785**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CDR	<input type="checkbox"/> DELETE
NAME	BARNES, ALLEN	
STREET ADDRESS	1731 C.R. 609 C	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLACKBURN, CARL E.	
STREET ADDRESS	RT. 3, BOX 46-B	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, RICHARD C.	
STREET ADDRESS	POST OFFICE BOX 329 N/A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	NEUBURG, PAUL	
STREET ADDRESS	HOLLY DRIVE	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROUNDS, HAROLD W	
STREET ADDRESS	P. O. BOX 776 N/A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALCOM, ERNEST G	
STREET ADDRESS	205 JUMPER DR., N.	
CITY-ST-ZIP	BUSHNELL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KURRASCH, LLOYD W.
2.3 STREET ADDRESS	3814 CR 405 N.
2.4 CITY-ST-ZIP	LAKE PANASOFFKEE, FL. 33538
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ **ALLEN BARNES, COMMANDER** 1/13/97 352-793-5153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045693

CR2E037 (9/96)