FILED **NOT-FOR-PROFIT CORPORATION** Jun 27, 2002 8:00 am UNIFORM BUSINESS REPORT (UBR) 🌤 **Secretary of State** JOHNT HENSLEY CHAPTER 96 06-27-2002 90523 022 ****61.25 DISAbled American UETERANS, INC. B0126028 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO REX CR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State LK. PANA 60 FFKS C City & State 4. FEI Number Applied For PL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3*553*× Fee Required 7. Name and Address of Current Registered Agent GEGCK DO NOT WRITE Street Address (PO. Box Number is Not Acceptable) IN THIS SPACE 1185 CR 435 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. GEECK SIGNATURE 9. Election Campaign Financing FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. CR2E037B (12/01) TITLE COM MANDER TITLE HEURY FERLAND NAME NAME STREET ADDRESS STREET ADDRESS 1937 CR446A CITY-\$T-ZIP CITY-ST-ZIP LK PANA SO FFEES. FL TITLE TITLE Vice COR NAME NAME GEORGE MORMON STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Dang Siffker TITLE TITLE PO JUTONT NAME NAME Allen BARNES STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP <u>33513</u> TO ANY GEOCKE TITI F TITLE IN THIS SPACE NAME NAME PO 800 692 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CK PANASOFFKES, FL CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 requirer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

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RAY GEECK

MARIE C

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