

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90024 008 ****70.00

DOCUMENT # 735706			
1. Entity Name JOHN T. HENSLEY CHAPTER 96, DISABLED AMERICAN VETERANS, INCORPORATED			
Principal Place of Business 601 CR 489 LAKE PANASOFFKE FL 33538		Mailing Address P.O. BOX 974 LAKE PANASOFFKE FL 33538 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent GEECK, RAY 1185 CR 430 LAKE PANASOFFKEE FL 33538		7. Name and Address of New Registered Agent Name ESTILL, J. FANNIN Street Address (P.O. Box Number is Not Acceptable) Box 575 CR 489 City LAKE PANASOFFKEE FL Zip Code 33538	
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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 reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDR BARNES, ALLEN P.O BOX 150 BUSHNELL FL 33513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -1731 CR 609C + Bushnell FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCDR FERLAND, HENRY 1937 CR 446 S LAKE PANASOFFKEE FL 33535 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVCDR JOE FLYNN, JR. CR 489 BOX 577 LAKE PANASOFFKEE FL 33538
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JVCD NORMAN, GEORGE 1810 CR 479 LAKE PANASOFFKEE FL 33538 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JVCDR SAM REYKA CR 489 BOX 575 LAKE PANASOFFKEE FL 33538
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADJ GEECK, RAY P.O. BOX 692 LAKE PANASOFFKEE FL 33538 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treas + ADJ. E.J. FANNIN Box 575 CR 489 LAKE PANASOFFKEE FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Allen Barnes** 1-27-04 352 793-5023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #