

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90079 030 ****70.00

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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**

50018471



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7098922

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FANNIN, ESTILL J
BOX 575 CR 489
LAKE PANASOFFKEE FL 33538**

7. Name and Address of New Registered Agent

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.

X SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

17 Feb 05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 CDR ☐ Delete
NAME BARNES, ALLEN
STREET ADDRESS 1731 CR 609C
CITY-ST-ZIP BUSHNELL FL 33513

TITLE VCDR ☐ Delete
NAME FLYNN, JOE JR
STREET ADDRESS CR 489 BOX 577
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE JVCD ☒ Delete
NAME REYKA, SAM
STREET ADDRESS CR 489 BOX 575
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE ADJT ☐ Delete
NAME FANNIN, E.J.
STREET ADDRESS BOX 575 CR 489
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **JVCD**
STREET ADDRESS **Robert Kline**
CITY-ST-ZIP **CR 489 Box 575**
LAKE PANASOFFKEE FL 33538

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-793-5023

Date

Daytime Phone #