

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 735706

1. Entity Name

**JOHN T. HENSLEY CHAPTER 96, DISABLED AMERICAN
VETERANS, INCORPORATED**



Principal Place of Business

Mailing Address

**601 CR 489
LAKE PANASOFFKE FL 33538**

**P.O. BOX 974
LAKE PANASOFFKE FL 33538
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**KLIEN, ROBERT
3590 CR 406
LAKE PANASOFFKEE FL 33538**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: 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: P ☐ Delete
NAME: KLIEN, ROBERT
STREET ADDRESS: 3590 CR 406
CITY-ST-ZIP: LAKE PANASOFFKEE FL 33538

TITLE: VP ☐ Delete
NAME: KURRASCH, LLOYD
STREET ADDRESS: 3814 CR 405 NORTH
CITY-ST-ZIP: LAKE PANASOFFKEE FL 33538

TITLE: S ☐ Delete
NAME: MARTIN, DONALD
STREET ADDRESS: 2128 CR 452
CITY-ST-ZIP: LAKE PANASOFFKEE FL 33538

TITLE: T ☐ Delete
NAME: MARTIN, DONALD
STREET ADDRESS: 2128 CR 452
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:
U000000859023
03/16/07-80014-011 70.00

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

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CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donald W. Martin

Donald Martin, Secretary/Treasurer

3/5/07 352 793-5023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR