

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

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90055 024 ****61.25

DOCUMENT # 736738

1. Entity Name

**AL GRAY CHAPTER 23, DISABLED AMERICAN
VETERANS, INC., PENSACOLA, FLORIDA**



Principal Place of Business

**1400 W. INTENDENCIA
PENSACOLA FL 32501
US**

Mailing Address

**7115 PRINCESS LANE
PENSACOLA FL 32526-3617**

2. Principal Place of Business

3. Mailing Address

* Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1729289

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

**KYSER, LARRY
7115 PRINCESS LANE
PENSACOLA FL 32526-3617**

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 reinstating)

DATE

**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	PCD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, CARL H SR.	
STREET ADDRESS	6911 OLSEN RD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RALPH	
STREET ADDRESS	680 CHADWICK STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, BRIAN	
STREET ADDRESS	209 NW OILLILAND RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, GLENNIS C	
STREET ADDRESS	2903 LONGLEAF DR	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KYSER, LARRY O	
STREET ADDRESS	7115 PRINCESS LN	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN STEENBERGEN, JOHN F	
STREET ADDRESS	6115 N DAVIS HWY APT 85A	
CITY-ST-ZIP	PENSACOLA FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald E. Larson	
STREET ADDRESS	6830 Mobile Highway	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Moore	
STREET ADDRESS	209 N. Gilliland Road	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George S. West	
STREET ADDRESS	2841 Longleaf Drive	
CITY-ST-ZIP	Pensacola, FL 32526	

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:

Larry O. Kyser

Larry O. Kyser

2/7/2005 (850)457-2771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #