


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 049 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1729289	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, GLEN E		NAME	Maxwell A. Buchanan	
STREET ADDRESS	8136 IMPERIAL DR		STREET ADDRESS	7375 Baywoods Lane	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN STEENBERGEN, JOHN F		NAME	Larry R. Gers	
STREET ADDRESS	6115 NORTH DAVIS HWY APT 85A		STREET ADDRESS	4704 Bay Breeze Drive	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	PCD	<input type="checkbox"/> Delete	TITLE		
NAME	MOORE, BRIAN		NAME		
STREET ADDRESS	209 NORTH GILLILAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	DEAN, GLENNIS C		NAME		
STREET ADDRESS	2903 LONGLEAF DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		
NAME	KYSER, LARRY O		NAME		
STREET ADDRESS	7115 PRINCESS LN		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	GODWIN, MATTHEW T		NAME		
STREET ADDRESS	8230 SIX PENCE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Larry O. Kyser</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Jan. 17, 2008</u>		
			Daytime Phone # <u>(850) 457-2771</u>		