# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2009**
**Secretary of State**

DOCUMENT# 736738

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

**Current Principal Place of Business:**

1400 W. INTENDENCIA
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

7115 PRINCESS LANE
PENSACOLA, FL 325263617

**New Mailing Address:**

**FEI Number: 59-1729289** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KYSER, LARRY
7115 PRINCESS LANE
PENSACOLA, FL 325263617 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VD | ( ) Delete |
| Name: | BUCHANAN, MAXWELL A | |
| Address: | 7375 BAYWOODS LN | |
| City-St-Zip: | PENSACOLA, FL 32504 | |
| Title: | D | ( ) Delete |
| Name: | GERS, LARRY R | |
| Address: | 4704 BAY BREEZE DR | |
| City-St-Zip: | GULF BREEZE, FL 32563 | |
| Title: | PCD | ( ) Delete |
| Name: | MOORE, BRIAN | |
| Address: | 209 NORTH GILLILAND ROAD | |
| City-St-Zip: | PENSACOLA, FL 32507 | |
| Title: | D | ( ) Delete |
| Name: | DEAN, GLENNIS C | |
| Address: | 2903 LONGLEAF DR | |
| City-St-Zip: | PENSACOLA, FL 32526 | |
| Title: | STD | ( ) Delete |
| Name: | KYSER, LARRY O | |
| Address: | 7115 PRINCESS LN | |
| City-St-Zip: | PENSACOLA, FL 32526 | |
| Title: | VD | ( ) Delete |
| Name: | GODWIN, MATTHEW T | |
| Address: | 8230 SIX PENCE DRIVE | |
| City-St-Zip: | PENSACOLA, FL 32514 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | MC CORMACK, JOSEPH M | |
| Address: | 1967 EAST BOBE STREET | |
| City-St-Zip: | PENSACOLA, FL 32503 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY O. KYSER STD 01/20/2009

Electronic Signature of Signing Officer or Director — Date