

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737883 (9)

1. Corporation Name

SGT. DAVID G. LEDGERWOOD CHAPTER 92 DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

301 WEST BLUE SPRINGS AVE.
ORANGE CITY FL 32763

DAV CHAPTER 92
P.O. BOX 0698
ORANGE CITY FL 32774

FILED

95 JAN 25 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSS, JAMES S.
1407 SAXON BLVD.
DELTONA FL 32725

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JAMES S. BOSS

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

1/17/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

SCHAIPER, CLARENCE L.
188 COUNTRYSIDE DR.
ORANGE CITY FL 32763

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

KING, THOMAS C.
315 W. OHIO AVE.
ORANGE CITY FL 32763

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS

BOSS, JAMES S.
1407 SAXON BLVD.
DELTONA FL 32725

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

OWEN, HERMAN F.
180 COUNTRYSIDE DR.
ORANGE CITY FL 32763

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC

VOELZ, MARSHALL
55 STATLER AVE.
DEBARY FL 32713

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SOUZA, LIONEL F.
135 LAKEWOOD DR.
DEBARY FL 32713

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

JAMES S. BOSS

JAMES S. BOSS

1/17/95

407 574-4042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number