

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

**301 WEST BLUE SPRINGS AVE.
ORANGE CITY FL 32763**

Mailing Address

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

3. Date Incorporated or Qualified
01/21/1977

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

JAMES S. BOSS

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

James S. Boss

(NOTE: Registered Agent signature required when reinstating)

1-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **T** ☐ DELETE
NAME **SCHAIPER, CLARENCE L.**
STREET ADDRESS **188 COUNTRYSIDE DR.**
CITY-ST-ZIP **ORANGE CITY FL 32763**

1.1 TITLE **D** ☐ Change ☐ Addition
1.2 NAME **Coles, Raymond W.**
1.3 STREET ADDRESS **2856 Fayson Ave.**
1.4 CITY-ST-ZIP **Deltona, Florida 32738**

TITLE **D** ☒ DELETE
NAME **KING, THOMAS C.**
STREET ADDRESS **315 W. OHIO AVE.**
CITY-ST-ZIP **ORANGE CITY FL 32763**

2.1 TITLE **C** ☐ Change ☐ Addition
2.2 NAME **Johnson, Oliver M.**
2.3 STREET ADDRESS **169 1/2 W. Elm Dr.**
2.4 CITY-ST-ZIP **Orange City, Florida 32763**

TITLE **VS** ☐ DELETE
NAME **BOSS, JAMES S.**
STREET ADDRESS **1407 SAXON BLVD.**
CITY-ST-ZIP **DELTONA FL 32725**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **OWEN, HERMAN F.**
STREET ADDRESS **180 COUNTRYSIDE DR.**
CITY-ST-ZIP **ORANGE CITY FL 32763**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DC** ☐ DELETE
NAME **VOELZ, MARSHALL**
STREET ADDRESS **55 STATLER AVE.**
CITY-ST-ZIP **DEBARY FL 32713**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SOUZA, LIONEL F.**
STREET ADDRESS **135 LAKEWOOD DR.**
CITY-ST-ZIP **DEBARY FL 32713**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Boss

Date

1/25/96

Daytime Phone #

407-574-4042

CR2E037 (12/95)