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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPU	н
1996	

DOCUMENT # 737883

(9)

SGT. DAVID G. LEDGERWOOD CHAPTER 92 DISABLED AME RICAN VETERANS, INC.

30 WEST BLUE SPRINGS AVE. ORANGE CITY FL 32768 DAY CHAPTER 82 P.O. BOX 0688 ORANGE CITY FL 32774 3. Date incorporated or Qualified 01/21/1977 3. Date incorporated or Qualified 01/25/1995 4. FEI Number NOT APPLICABLE NOT APPLICABLE Suite, Apt. 6, etc. 22 27 Suite, Apt. 6, etc. 28 27 29 29 20 20 21 21 20 21 20 21 20 20 21 20 21 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20
P.O. BOX DEED ORANGE CITY FL 32784 South Community of the Community of
2. Principal Place of Busness 2a
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Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Street Address of Status Desired Fee Required
City & State City & State City & State City & State City & State City & State City & State City & State Country Count
Trust Fund Contribution
Zip
24 25 28 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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 11. Pursuant to the provisions of Sections 617.0503, 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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the above-name
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STREET ADDRESS 315 W. OHIO AVE. 23 STREET ADDRESS 169 W. Elm Dr.
TITLE VS DELETE 3.1 TITLE Change Addition
NAME BOSS, JAMES S. 32 NAME
STREET ADDRESS 1407 SAZON BLVD. 33 STREET ADDRESS
CITY-ST-ZIP DELTONA FL 32725 3.4. CITY-ST-ZIP
TITLE D DELETE 4.1 TITLE Change Addition
NAME OWEN, HERMAN F. 4.2 NAME
STREET ADDRESS 180 COUNTRYSIDE DR. 4.3 STREET ADDRESS
CITY-ST-ZIP ORANGE CITY FL 32763 44 CITY-ST-ZIP ORANGE CITY FL 32763 44 CITY-ST-ZIP ORANGE CITY FL 32763
TITLE DC DELETE 51 TITLE 037 007 30 - 010 Change Addition
NAME VOELZ, MARSHALL 52 NAME ***61.25
STREET ADDRESS 55 STATLER AVE. 53 STREET ADDRESS
CITY-ST-ZIP DEBARY FL 32713 54 CITY-ST-ZIP
TITLE D □ Change □ Addition
NAME SOUZA, LIONEL F. 62 NAME
STREET ADDRESS 135 LAKEWOOD DR. 63 STREET ADDRESS 7
CITY-ST-ZIP DEBARY FL 32713 6.4 CITY-ST-ZIP 14. Lide hereby certify that the information symplicit with this filling is voluntarily furnished and close not qualify for the eventure stated in Section 119 O7/3/W. Florida State to 1.6 others.

1. 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 empoyered 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: TAMES S. BOSS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

1/25/96 7

407-574-4042