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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 0688  
ORANGE CITY FL 327743. Date Incorporated or Qualified  
01/21/19773a. Date of Last Report  
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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)

DATE

1-18-97

12. OFFICERS AND DIRECTORS

TITLE T  
NAME SCHAPIER, CLARENCE L.  
STREET ADDRESS 188 COUNTRYSIDE DR.  
CITY-ST-ZIP ORANGE CITY FL 32763TITLE D  
NAME COLES, RAYMOND W  
STREET ADDRESS 2856 FAYSON AVE.  
CITY-ST-ZIP DELTONA FL 32738TITLE VS  
NAME BOSS, JAMES S.  
STREET ADDRESS 1407 SAXON BLVD.  
CITY-ST-ZIP DELTONA FL 32725TITLE D  
NAME OWEN, HERMAN F.  
STREET ADDRESS 180 COUNTRYSIDE DR.  
CITY-ST-ZIP ORANGE CITY FL 32763TITLE DC  
NAME VOELZ, MARSHALL  
STREET ADDRESS 55 STATLER AVE.  
CITY-ST-ZIP DEBARY FL 32713TITLE C  
NAME JOHNSON, OLIVER M  
STREET ADDRESS 1891/2 W. ELM DR.  
CITY-ST-ZIP ORANGE CITY FL 32763

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-18-97

Date

Daytime Phone # 0077805

CR2E037 (9/96)