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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

01/21/1977

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 **ARTHUR L. DAVIS**
82 Street Address (P.O. Box Number is Not Acceptable)
1534 DUNLAP DRIVE
83
84 City **DELTONA** FL 85 Zip Code **32725**

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 **ARTHUR L. DAVIS**

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

(NOTE: Registered Agent signature required when reinstating)

4-22-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHAAPER, CLARENCE L.	
STREET ADDRESS	188 COUNTRYSIDE DR.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLES, RAYMOND W	
STREET ADDRESS	2656 PAYSON AVE.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BOSS, JAMES S.	
STREET ADDRESS	1407 SAXON BLVD.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWEN, HERMAN F.	
STREET ADDRESS	180 COUNTRYSIDE DR.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	VOELZ, MARSHALL	
STREET ADDRESS	55 STATLER AVE.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	C	<input type="checkbox"/> DELETE
NAME	JOHNSON, OLIVER M	
STREET ADDRESS	1891/2 W. ELM DR.	
CITY-ST-ZIP	ORANGE CITY FL 32763	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARTHUR L. DAVIS
2.3 STREET ADDRESS	1534 DUNLAP DRIVE
2.4 CITY-ST-ZIP	DELTONA FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **ARTHUR L. DAVIS**

4-22-98 40757464K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)