

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90069 008 ****61.25

DOCUMENT # 737883

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/21/1977

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

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

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 617.0502, 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)

4-17-99

DATE

12. OFFICERS AND DIRECTORS

T
NAME SCHAIER, CLARENCE L.
STREET ADDRESS 188 COUNTRYSIDE DR.
CITY-ST-ZIP ORANGE CITY FL 32763
☒ DELETE

A
NAME DAVIS, ARTHUR L.
STREET ADDRESS DUNLOP DRIVE
CITY-ST-ZIP DELTONA FL 32738
☒ DELETE

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

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

DC
NAME VOELZ, MARSHALL
STREET ADDRESS 55 STATER AVE. 181 FOREST LANE
CITY-ST-ZIP DEBARY FL 32713
☒ DELETE

C
NAME JOHNSON, OLIVER M
STREET ADDRESS 1691/2 W. ELM DR.
CITY-ST-ZIP ORANGE CITY FL 32763
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T
1.2 NAME ARTHUR L. DAVIS
1.3 STREET ADDRESS 1534 DUNLAP DRIVE
1.4 CITY-ST-ZIP DELTONA FL 32725
☒ Change ☐ Addition

2.1 TITLE A
2.2 NAME ARTHUR L. DAVIS
2.3 STREET ADDRESS 1534 DUNLAP DRIVE
2.4 CITY-ST-ZIP DELTONA FL 32725
☒ Change ☐ Addition

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

4.1 TITLE D.
4.2 NAME JAMES CLOUGH
4.3 STREET ADDRESS 698 SULLIVAN
4.4 CITY-ST-ZIP DELTONA FL 32725
☒ Change ☐ Addition

5.1 TITLE DC
5.2 NAME VOELZ, MARSHALL
5.3 STREET ADDRESS 181 FOREST LANE
5.4 CITY-ST-ZIP DEBARY FL 32713
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME ARTHUR W. LOMBERT
6.3 STREET ADDRESS 180 FOREST LANE
6.4 CITY-ST-ZIP DEBARY FL 32713
☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

ARTHUR L. DAVIS

4-16-99

407 574 6418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_ (11/98)

0084105