

<b>DOCUMENT # 737883</b>	
1. Entity Name	
SGT. DAVID G. LEDGERWOOD CHAPTER 92 DISABLED AME	

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90042 029 \*\*\*\*61.25

Principal Place of Business	Mailing Address
301 WEST BLUE SPRINGS AVE. ORANGE CITY FL 32763	DAY CHAPTER 92 P.O. BOX 0698 ORANGE CITY FL 32774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, ARTHUR L 1534 DUNLAP DRIVE. DELTONA FL 32725

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
T	<input type="checkbox"/> Delete
DAVIS, ARTHUR L 1534 DUNLAP DRIVE DELTONA FL 32725	
A	<input type="checkbox"/> Delete
DAVIS, ARTHUR L 1534 DUNLAP DRIVE DELTONA FL 32725	
VS	<input type="checkbox"/> Delete
BOSS, JAMES S. 1407 SAZON BLVD. DELTONA FL 32725	
D	<input type="checkbox"/> Delete
CLOUGH, JAMES 698 SULLIVAN DELTONA FL 32725	
DC	<input type="checkbox"/> Delete
VOELZ, MARSHALL 101 GRAND PLAZA DR. K4 ORANGE CITY FL 32763	
C	<input type="checkbox"/> Delete
LAMBERT, ARTHUR W 180 FOREST LANE DEBARY FL 32713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L DAVIS **REQUIRED** 1-8-2001 407-574-6418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)