

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90159 007 ****61.25

DOCUMENT # 737883

1. Entity 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**

04004640

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

NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUBRACHEK, CYRIL
2652 SEDGETFIELD AVE
DELTONA FL 32725**

Sedgetfield

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**T DUBRACHEK, CYRIL
2652 SEDGETFIELD-
DELTONA FL 32725** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**A YORK, EDWARD
16 LAKEPOINT DR
PORT ORANGE FL 32128** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**VS BOSS, JAMES S.
1407 SAZON BLVD.
DELTONA FL 32725** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**DC CLOUGH, JAMES
698 SULLIVAN
DELTONA FL 32725** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**DC VOELZ, MARSHALL
101 GRAND PLAZA DR. K4
ORANGE CITY FL 32763** ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**C LAMBERT, ARTHUR W
180 FOREST LANE
DEBARY FL 32713** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**DUBRACHEK, Cyril
2652 Sedgetfield Ave
Deltona, FL 32725** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**2034 Claremont Dr
Deltona, FL 32725** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**WILLIAM Hickey
2289 Rowland Blvd
Deltona, FL 32738** ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DC ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: *Cyril Dubrachek* **C. J. Dubrachek**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04

Date

386-532-5650

Daytime Phone #