

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90314 043 \*\*\*\*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**

**14000207**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**DUBRACHEK, CYRIL  
2652 SEDGEFIELD AVE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/23/05*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	T	<input type="checkbox"/> Delete
NAME	DUBRACHEK, CYRIL	
STREET ADDRESS	2652 SEDGEFIELD AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	A	<input type="checkbox"/> Delete
NAME	YORK, EDWARD	
STREET ADDRESS	2034 CLAREMONT DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TVS	<input checked="" type="checkbox"/> Delete
NAME	HICKEY, WILLIAM	
STREET ADDRESS	2289 HOWLAND BLVD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CLOUGH, JAMES	
STREET ADDRESS	698 SULLIVAN	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	C	<input type="checkbox"/> Delete
NAME	LAMBERT, ARTHUR W	
STREET ADDRESS	180 FOREST LANE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Tr. Vice Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herman F. Owens	
STREET ADDRESS	180 Countryside Dr.	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 W. Lambert* **ARTHUR LAMBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-23-04*

Date

*775-4343*

Daytime Phone #