2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 22, 2006 8:00 am **DOCUMENT # 737883 Secretary of State** 1. Entity Name 06-22-2006 90002 008 ****61.25 SGT. DAVID G. LEDGERWOOD CHAPTER 92 DISABLED AMERICAN VETERANS, INC. Principal Place of Business Mailing Address 301 WEST BLUE SPRINGS AVE. **DAV CHAPTER 92** P.O. BOX 0698 ORANGE CITY FL 32774 **ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUBRECHEK, CYRIL 2652 SEDGEFIELD AVE Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32725** 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. FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition DUBRACHEK, CYRIL NAME NAME 2652 SEDGEFIELD AVE STREET ADDRESS STREET ADDRESS DELTONA FL 32725 CITY - ST - ZIP CITY-ST-ZIP Constance Voel Z Zerbel Change TITLE Delete TITLE 2L78 Corby Dr. Apt. 1213 Orange City, Fl. 32763 Ir. Vice Commander Achange Fredition Jon Kindall 21Valencia Circle YORK, EDWARD NAME NAME 2034 CLAREMONT DRIVE STREET ADDRESS STREET ADDRESS DELTONA FL 32725 CITY-ST-ZIP CITY-ST-7IP JVC ___ Nelete OWAN, HERMAN F NAME NAME 180 COUNTRYSIDE DR STREET ADDRESS STREET ADDRESS Debary, FL. 32713 CITY-ST-ZIP **ORANGE CITY FL 32763** CITY-ST-ZIP Serior Vice Commandor & Change DC TITLE TITLE Delete Rugsell L. Hacker 1140 Church St. CLOUGH, JAMES NAME NAME STREET ADDRESS 698 SULLIVAN STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32725** CITY-ST-ZIP Barber Ville, Fl. ☐ Delete TITLE Change ☐ Addition TITLE LAMBERT, ARTHUR W NAME NAME 180 FOREST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP willard J. Vares 219 Melocie Ln. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Pierson F2. 32180

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 of an attachment with an address, with all other like empowered. SIGNATUR

CITY-ST-ZIP