



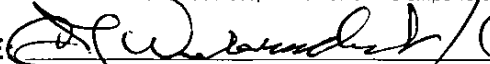
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90017 042 ****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	
2. Principal Place of Business - No P.O. Box # 706698		3. Mailing Address P.O. Box 706698, Orange City	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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  DATE 5/28/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUBRACHEK, CYRIL 2652 SEDGEFIELD AVE DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A VOELZ, CONSTANCE 2678 CORBY DR APT 1213 ORANGE CITY FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAMBERT, ARTHUR W 180 FOREST LANE DEBARY FL 32713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jon Kindell, Commander <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 21 Valencia Circle DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Service Commander <input type="checkbox"/> Delete John Kellat	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice Commander <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2648 Edgewater Ave. New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Constance Zerbe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sr. Vice Commander Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **C. S. Dubrachek** DATE **5/28/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR