FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90094 046 ****61.25

DOCUMENT # 737883

1. Entity Name
SGT. DAVID G. LEDGERWOOD CHAPTER 92 DISABLED AMERICAN VETERANS, INC.

Principal Place of Business	Mailing Address
706698 WEST BLUE SPRINGS AVE. ORANGE CITY, FL 32763	706698 WEST BLUE SPRINGS AVE. ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
701 W. Blue Springs Ave	P.O. Box 740698
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, FL.	City & State: Orange City, FL.
Zip: 32763 Country: Volusia	Zip: 32774 Country: Volusia

04122008 Chg-NP CR2E037 (12/06)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A
DUBRACHEK, CYRIL
2652 SEDGEFIELD AVE
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name: Jon Kindell
Street Address (P.O. Box Number is Not Acceptable): 301 W. Blue Springs Ave
City: Orange City FL Zip Code: 32763

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: Jon Kindell, Commander DATE: 4/21/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Edward Sherman 1325 S. Spring Garden Ave ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A VOELZ, CONSTANCE 2678 CORBY DR APT 1213 ORANGE CITY, FL 32763	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Adjutant Edward York 2034 Clairemont Drive Deltona, FL. 32725 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KINDELL, JON 21 VALENCIA CIRCLE\ DEBARY, FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ZERBEL, CONSTANCE 2648 EDGEWATER AVE NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jr. Vice Commander ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr. Vice Commander John Keller 2648 Edgewater Ave. New Smyrna Beach, FL. 32168 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 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: Jon Kindell 4/21/08 386-668-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #