

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 738486 (0)**  
1. Corporation Name  
**DISABLED AMERICAN VETERANS MID-FLORIDA CHAPTER 1  
04, INC.**



Principal Place of Business Mailing Address  
**P O BOX 113  
WINTER PARK FL 32790-0113  
US** **P O BOX 113  
WINTER PARK FL 32790-0113  
US**

3. Date Incorporated or Qualified **03/28/1977** 3a. Date of Last Report **09/27/1995**  
4. FEI Number **23-7098926** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**MURRAY, MARCUS S  
918 ROCKMONT CT.  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, WARREN R.	1.2 NAME	Murry Marcus
STREET ADDRESS	1017 WOODALL DRIVE	1.3 STREET ADDRESS	918 Rockmont Ct.
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	Orlando, Fl.
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, BILLY M.	2.2 NAME	Lloyd, Warren R.
STREET ADDRESS	1850 LAKESHORE CIRCLE	2.3 STREET ADDRESS	1017 Woodall Drive
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Altamont Springs, Fl.
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNER, ARTHUR J.	3.2 NAME	Hatfield, Robert L.
STREET ADDRESS	1872 LINDEN ROAD	3.3 STREET ADDRESS	3222 Caulfield St.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Apopka, Fl.
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, MARCUS	4.2 NAME	Cooper, Billy M.
STREET ADDRESS	918 ROCKMONT CT	4.3 STREET ADDRESS	1850 Lakeshore Circle
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Longwood, Fl.
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATFIELD, ROBERT L.	5.2 NAME	Murphy, Frank D.
STREET ADDRESS	3222 CAULFIELD ST	5.3 STREET ADDRESS	1750 Windsor Drive
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	Winter Park, Fl.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)