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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
USP O BOX 113
WINTER PARK FL 32790-0113
US

3. Date Incorporated or Qualified

03/28/1977

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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4. FEI Number

23-7098926

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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 PD ☐ DELETENAME MARCUS, MURRY
STREET ADDRESS 918 ROCKMONT CT
CITY - ST - ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ AdditionTITLE SD ☐ DELETENAME LLOYD, WARREN R.
STREET ADDRESS 1017 WOODALL DRIVE
CITY - ST - ZIP ALTAMONT SPRINGS FL2.1 TITLE ☐ Change ☐ AdditionTITLE TD ☐ DELETENAME HATFIELD, ROBERT L.
STREET ADDRESS 3222 CAULFIELD STREET
CITY - ST - ZIP APOPKA FL3.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME COOPER, BILLY M
STREET ADDRESS 1850 LAKESHORE CIRCLE
CITY - ST - ZIP LONGWOOD FL4.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME MURPHY, FRANK D.
STREET ADDRESS 1750 WINDSOR DRIVE
CITY - ST - ZIP WINTER PARK FL5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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: Robert Hatfield ROBERT HATFIELD

JAN. 17, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015272

CR2E037 (9/96)