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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738486

1. Corporation Name

DISABLED AMERICAN VETERANS MID-FLORIDA CHAPTER 1 04, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90075 010 ****61.25

(mopal i lao	e of Business	Mailing Address										
P O BOX 113		-	P O BOX 113					naa all a n (a ati a a a a)		11111 6 11	NI 1 1411	RII BABII HAAI
	FL 32790-0113	WINTER PARK FL 32790-0113										
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2. Principal P	Place of Business	2a. Mailing Address				3.		orated or Qualif	ed			
21		26					03/28/19					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				4.	FEI Numbe					oplied For
22		27					23-70989	920	<u> </u>			ot Applicable
City & Stat	te	City & State				5.	Certifcate of	f Status Desired		1	_	Additional
23		28										equired
Zip	Country	Zip		intry		6.		ımpaign Financir	ng □		•	May Be
24	25	29	30					Contribution			_,	to Fees
	9. Name and Address of Curre	ent Registered Agent		04	Maria	10.	Name and	Address of Ne	w Register	a Age	The	
				81	Name							
MURRAY.	MARCUS S			82	Street A	Address (I	P.O. Box Nu	mber is Not Acce	eptable)			
	KMONT CT.											
	O FL 32804			83								
	, , ,			84	City					[8	35 Zip	Code
				1	-				F	L		
office or a	t to the provisions of Sections 617.05 registered agent, or both, in the State	e of Florida. Such change was	autnorize	וו עס ב	named c he corpor	corporation s b	on submits the oard of direc	is statement for tors. I hereby ac	cept the ap	pointm	ent as re	egistered
agent. I a	am familiar with, and accept the oblig	gations of, Section 617.0503, Fi	orida Stat	utes.								
SIGNATURE	,											
	Classic transfer printed name of engistered on	cent and title if applicable (NOT	F. Registerer	Agent 9	signature rec	quired when	reinstating)		DATE			
12.	Signature, typed or printed name of registered ag		E: Registered	Agent s	signature rec			CHANGES TO		AND [DIRECTO	ORS IN 12
12.	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NOT NND DIRECTORS			signature rec			CHANGES TO			DIRECTO	DRS IN 12
TITLE	Signature, typed or printed name of registered as OFFICERS A	AND DIRECTORS	13.	TLE	signature rec			CHANGES TO				
TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PD MARCUS, MURRY	AND DIRECTORS	13. 1.1 TI 1.2 N	TLE AME				CHANGES TO				
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

REQUIRED

☐ DELETE

407-665-7712

Change

Addition