

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **740676** (2)

1. Corporation Name

**DISABLED AMERICAN VETERANS CHAPTER 122 OF MARATHON, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**7280 OVERSEAS HWY  
MARATHON FL 33050**

**7280 OVERSEAS HWY  
MARATHON FL 33050**

3. Date Incorporated or Qualified

**11/01/1977**

4. FEI Number

**59-2906433**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RALPH E. CUNNINGHAM, JR.  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050**

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

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, ROBERT	
STREET ADDRESS	PENSACOLA RD	
CITY - ST - ZIP	BIG PINE KEY FL	

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	PETTIGREW, JACK	
STREET ADDRESS	1326 79TH ST OCEAN	
CITY - ST - ZIP	MARATHON, FL 00000	

TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, FRED DAVID	
STREET ADDRESS	1433 GROUPE DR	
CITY - ST - ZIP	MARATHON FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FISHER, JERRY	
STREET ADDRESS	30465 SOUTH ST.	
CITY - ST - ZIP	BIG PINE KEY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pettigrew, Jack	
1.3 STREET ADDRESS	1326 79th St. Ocean	
1.4 CITY - ST - ZIP	Marathon, FL 33050	

2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert, Phillips	
2.3 STREET ADDRESS	1361 Overseas Hwy	
2.4 CITY - ST - ZIP	Marathon, FL 33050	

3.1 TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wimmer, Harry	
3.3 STREET ADDRESS	420 - 25th St. Ocean	
3.4 CITY - ST - ZIP	Marathon, FL 33050	

4.1 TITLE	Adj	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joseph Hatten	
4.3 STREET ADDRESS	9075 Ocean Terr	
4.4 CITY - ST - ZIP	Marathon, FL 33050	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. Fisher* 2/9/98 305-743-4705

CP2E037 (10/97)