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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743299** (0)

1. Corporation Name

CPL. LOUIS C. GOI, CHAPTER #93, INC., DISABLED AMERICAN VETERANS

Principal Place of Business

Mailing Address

10792 64 AVE N
POST OFFICE BOX 3813
SEMINOLE FL 34642

10792 64 AVE N
POST OFFICE BOX 3813
SEMINOLE FL 33775-3813



3. Date Incorporated or Qualified
06/16/1978

3a. Date of Last Report
05/01/1996

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

4. FEI Number

23-7055711

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOK, THOMAS G.
10792 64TH AVENUE NORTH
P.O. BOX 3252
SEMINOLE FL 34642**

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 Thomas G. Cook Thomas G. Cook January 24, 1997
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 **VD** ☐ DELETE
NAME **DANGLER, HAROLD F.**
STREET ADDRESS **12933 81ST AVE., N.**
CITY-ST-ZIP **SEMINOLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **GRIESHEIMER, WALTER**
STREET ADDRESS **6321 RIDGE RD 1205**
CITY-ST-ZIP **SEMINOLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **OLDHAM, VICKI G.**
STREET ADDRESS **8799 92ND ST NO**
CITY-ST-ZIP **SEMINOLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **COOK, THOMAS G.**
STREET ADDRESS **10792 64TH AVENUE N.**
CITY-ST-ZIP **SEMINOLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **BAIR, WALTER J**
STREET ADDRESS **12840 SEMINOLE BLVD, LOT 30G**
CITY-ST-ZIP **LARGO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **FOLEY, JAMES P**
STREET ADDRESS **7887 134TH STREET NORTH**
CITY-ST-ZIP **SEMINOLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 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: Thomas G. Cook Thomas G. Cook January 24, 1997
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061871 912-391-1111

CR2E037 (9/96)