


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90058 019 ****70.00

0055908

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 743299					
1. Corporation Name CPL. LOUIS C. GOI.CHAPTER #93, INC., DISABLED AMERICAN VETERANS					
Principal Place of Business 10792 64 AVE N POST OFFICE BOX 3813 SEMINOLE FL 34642			Mailing Address 10792 64 AVE N POST OFFICE BOX 3813 SEMINOLE FL 34642		



2. Principal Place of Business 21 10792 64 Ave NO Suite, Apt. #, etc. 22 P.O. Box 3813 City & State 23 Seminole, FL Zip 24 33775 Country 25 FLORIDA		2a. Mailing Address 26 10792 64 Ave NO Suite, Apt. #, etc. 27 City & State 28 Seminole, FL Zip 29 33772 Country 30 PINELLAS		3. Date Incorporated or Qualified 06/16/1978 4. FEI Number 23-7055711 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent COOK, THOMAS G. 10792 64TH AVENUE NORTH P.O. BOX 3252 SEMINOLE FL 34642				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 Thomas G. Cook THOMAS G. COOK 1-20-99
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGLER, HAROLD F.	1.2 NAME	
STREET ADDRESS	12933 81ST AVE., N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIESHEIMER, WALTER	2.2 NAME	
STREET ADDRESS	6321 RIDGE RD 1205	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDHAM, VICKI G.	3.2 NAME	
STREET ADDRESS	8799 92ND ST NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, THOMAS G.	4.2 NAME	
STREET ADDRESS	10792 64TH AVENUE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, EDWARD K	5.2 NAME	
STREET ADDRESS	12243 79TH PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, JAMES P	6.2 NAME	
STREET ADDRESS	7887 134TH STREET NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas G. Cook THOMAS G. COOK 1-20-99 727-391-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)