

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743374 (1)

1. Corporation Name

DISABLED AMERICAN VETERANS, SUNCOAST CHAPTER 139
, INC.



Principal Place of Business

8940 W. VETRANS DR.
HOMOSASSA SPRINGS FL 34448

Mailing Address

8940 W. VETRANS DR.
HOMOSASSA SPRINGS FL 34448

3. Date Incorporated or Qualified
06/26/1978

3a. Date of Last Report
04/24/1995

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

24

25

29

30

4. FEI Number
31-0898168

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

WALTERS, WALLY
8465 W YEW PINE CT
CRYSTAL RIVER FL 34428

81 Name
GEORGE A. POPE SR.

82 Street Address (P.O. Box Number is Not Acceptable)

8056 W. Homosassa Trail

83 Homosassa, Fla.

84 City

FL

85 Zip Code
34448

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

George A. Pope Sr

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HELLMUTH, FREDERICK G
5150 W CARAWAY PL
LECANTO FL ☒ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
TD
GEORGE A. POPE SR.
8056 W. Homosassa Trail
Homosassa, Fla. 34448 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WALTERS, WALLY
8462 W YEW PINE CT
CRYSTAL RIVER FL ☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
SD
CHARLES KITTREDGE
PO BOX 5087 (N/A)
SPRINGHILL, FLA. 34606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RICE, CLARENCE J.
3684 N. BAY AVE
CRYSTAL RIVER FL ☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
VD
ROBERT JACKWAY
6264 W. WESTON DR.
CRYSTAL RIVER FLA. 34429 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KLUNKER, DARRELL E.
11635 W DIXIE SHORES
CRYSTAL RIVER FL 34429 ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
70000191896
-08/12/96--01032--00021
***75.00 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: GEORGE A. POPE SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96

352-628-4680

Daytime Phone

CR2E037 (12/95)