

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90122 020 ****61.25

0063996

DOCUMENT # 743374

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/26/1978

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

9. Name and Address of Current Registered Agent

POPE, GEORGE A SR.
8056 W. HOMOSASSA TR.
HOMOSASSA FL 34448

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

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 DC
NAME HALL, RAYMOND
STREET ADDRESS 7481 W WILDER CT
CITY-ST-ZIP HOMOSASSA FL 34448 ☐ DELETE

TITLE DSRC
NAME JACKWAY, ROBERT
STREET ADDRESS 6264 W WESTON DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ DELETE

TITLE DT
NAME CADY, WARD
STREET ADDRESS 7 BEGONIAS CT
CITY-ST-ZIP HOMOSASSA FL 34448 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME CLUMENT J. ERCOLANO
1.3 STREET ADDRESS 8 VILLAGE CENTER CIRCLE
1.4 CITY-ST-ZIP HOMOSASSA, FL 34446

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME MELVIN MAYER
2.3 STREET ADDRESS 6122 E. CHAPEL LN.
2.4 CITY-ST-ZIP INVERNESS, FL 34450

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

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

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

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)