

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746140 (3)

1. Corporation Name
**DUNEDIN CHAPTER 103, DISABLED AMERICAN VETERANS,
INCORPORATED**

Principal Place of Business Mailing Address
**380 DOUGLAS AVE P.O. BOX 1072
DUNEDIN FL 34698 DUNEDIN FL 34697
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1979	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7088925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**SNODSMITH, JAMES H.
2373 MANGRUM DR.
DUNEDIN, FL; FL 34698**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	NAME MCNAMEE, JOHN F
STREET ADDRESS 2200 GULF VIEW BLVD	CITY - ST - ZIP DUNEDIN FL
TITLE S	NAME JOHANSEN, FRANCES E
STREET ADDRESS 52 PENZANCE CT.	CITY - ST - ZIP SAFETY HARBOR FL 34695
TITLE T	NAME HAND, EUGENE T
STREET ADDRESS 1163 DARTFORD DR	CITY - ST - ZIP TARPON SPRINGS FL
TITLE D	NAME WASSERMAN, NEIL
STREET ADDRESS 660 BELTREES ST #204	CITY - ST - ZIP DUNEDIN FL
TITLE D	NAME TAMBURRI, PETER P
STREET ADDRESS 1430 HALES HOLLOW DR	CITY - ST - ZIP DUNEDIN FL
TITLE D	NAME KINGSLEY, CARL O
STREET ADDRESS 5487 PENTAIL CIR	CITY - ST - ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME DEAN, JAMES EDWARD SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 3063 TERRACE VIEW LN	1.4 CITY - ST - ZIP CLEARWATER, FL 34619	
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	
4.1 TITLE D	4.2 NAME DANNENBERGER, MAYNARD W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS 1939 PINEHURST RD	4.4 CITY - ST - ZIP DUNEDIN, FL 34698	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: Eugene T. Hand 4/21/95 (813)943-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #