


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746140 (3)**

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



Principal Place of Business <b>360 DOUGLAS AVE DUNEDIN FL 34698 US</b>	Mailing Address <b>P.O. BOX 1072 DUNEDIN FL 34697-1072</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/06/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>23-7098925</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**SNODSMITH, JAMES H.  
2373 MANGRUM DR.  
DUNEDIN, 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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN, JAMES EDWARD S</b>	1.2 NAME	
STREET ADDRESS	<b>3063 TERRACE VIEW LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHANSEN, FRANCES E</b>	2.2 NAME	<b>URBANO, MARY M</b>
STREET ADDRESS	<b>52 PENZANCE CT.</b>	2.3 STREET ADDRESS	<b>1627-D WALSH LN</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34895</b>	2.4 CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAND, EUGENE T</b>	3.2 NAME	
STREET ADDRESS	<b>1163 DARTFORD DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPOON SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANNENBERGER, MAYNARD W.</b>	4.2 NAME	<b>DANNENBERGER, MAYNARD W</b>
STREET ADDRESS	<b>1939 PINEHURST RD.</b>	4.3 STREET ADDRESS	<b>1939 PINEHURST RD</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>	4.4 CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAMBURRI, PETER P</b>	5.2 NAME	
STREET ADDRESS	<b>1430 HALES HOLLOW DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHANSEN, FRANCES E.</b>	6.2 NAME	<b>JOHANSEN, FRANCES E</b>
STREET ADDRESS	<b>52 PENZANCE CT</b>	6.3 STREET ADDRESS	<b>52 PENZANCE CT</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	6.4 CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>

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: Maynard W. Dannenberger APRIL 27, 1997 (813) 733-3983

MAYNARD W. DANNENBERGER, TREASURER Date Daytime Phone # 0000320

CR2E037 (9/96)