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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 746140

1. Corporation Name

DUNEDIN CHAPTER 103, DISABLED AMERICAN VETERANS, INCORPORATED

Principal Place of Business

360 DOUGLAS AVE
 DUNEDIN FL 34698
 US

Mailing Address

P.O. BOX 1072
 DUNEDIN FL 34697



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/06/1979

4. FEI Number

23-7098925

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

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

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 P DELETE
 NAME REITZ, BRUCE W.
 STREET ADDRESS 1614 AMBLEA DR N.
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE S DELETE
 NAME PRICE, TAMARA M.
 STREET ADDRESS 5433 LYNN LAKE DR S.
 CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE T DELETE
 NAME HAND, EUGENE T
 STREET ADDRESS 1163 DARTFORD DR
 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D DELETE
 NAME DANNENBERGER, MAYNARD W.
 STREET ADDRESS 1939 PINEHURST RD.
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE D DELETE
 NAME DEAN, JAMES EDWARD S
 STREET ADDRESS 3063 TERRACE VIEW LANE
 CITY-ST-ZIP CLEARWATER FL 33759

TITLE D DELETE
 NAME JOHANSEN, FRANCES E
 STREET ADDRESS 52 PENZANCE CT
 CITY-ST-ZIP SAFETY HARBOR FL 34695

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition
 1.2 NAME FRANK, HOWARD A.
 1.3 STREET ADDRESS 1503 NELSON AVE
 1.4 CITY-ST-ZIP CLEARWATER, FL 33755

2.1 TITLE S Change Addition
 2.2 NAME DEAN, JAMES E., SR
 2.3 STREET ADDRESS 3063 TERRACE VIEW LN
 2.4 CITY-ST-ZIP CLEARWATER, FL 33759

3.1 TITLE T Change Addition
 3.2 NAME LAWRENCE, BRIAN E.
 3.3 STREET ADDRESS 12005 73RD ST N
 3.4 CITY-ST-ZIP LARGO, FL 33773

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

5.1 TITLE D Change Addition
 5.2 NAME SABO, STEPHEN J.
 5.3 STREET ADDRESS 3301 ALT 19N LOT 116
 5.4 CITY-ST-ZIP DUNEDIN, FL 34698

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: *Maynard W. Dannenberger, Director*

4/28/99

727-733-3983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)