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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

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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

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

727-733-3483

Daytime Phone #

0072728

CR2E037 (1/98)