

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

96 FEB -8 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747275 (6)

1. Corporation Name

R. D. KISINER CHAPTER #75, DISABLED AMERICAN VE
TERANS, INC.

Principal Place of Business

Mailing Address

1860 BOY SCOUT DR
#207
FT MYERS FL 33907-2119

1860 BOY SCOUT DR
#207
FT MYERS FL 33907-2119

3. Date Incorporated or Qualified
05/21/1979

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREDKO, JOHN
166 DOWN LANE
APT. J156
N. FT. MYERS FL 33914

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's signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ✓
NAME SVD
STREET ADDRESS ELLIOTT, GERALD
CITY-ST-ZIP 202 NW 18TH PL
CAPE CORAL FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS MORAD, EDWARD
CITY-ST-ZIP 3580 CENTRAL AVENUE, APT. 106
FORT MYERS FL

2.1 TITLE V.D.
2.2 NAME CHAPLAIN
2.3 STREET ADDRESS HUPFER, JACK
2.4 CITY-ST-ZIP 12353 3RD. ST.
FT. MYERS, FL 33905
☐ Change ☒ Addition

TITLE ✓
NAME CD
STREET ADDRESS PREDKO, JOHN
CITY-ST-ZIP 166 DOW LANE
NORTH FT. MYERS FL

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

TITLE ✓
NAME T
STREET ADDRESS CULLINGS, PHILIP
CITY-ST-ZIP 1120 SW 26TH ST
CAPE CORAL FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
900001728709
-03/01/96--01008--020
***61.25
☐ Change ☐ Addition

TITLE ✓
NAME S
STREET ADDRESS ARICK, CARL
CITY-ST-ZIP 1005 PALM POINT LANE
NORTH FORT MYERS FL

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

TITLE
NAME VD
STREET ADDRESS KOURSE, SAUL B.
CITY-ST-ZIP 4648 DELEON STREET, APRT., J156
FORT MYERS FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
V.D. LACCIOLEPI, WILLIAM
1207 SE 30 TER.
CAPE CORAL, FL 33904
☐ Change ☒ Addition

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 119.07(3)(k), 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:

Philip D. Cullings ADD/TREAS

1-20-96 941-772-3259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)