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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

1860 BOY SCOUT DR
#207
FT MYERS FL 33907-21193. Date Incorporated or Qualified
05/21/19793a. Date of Last Report
02/08/1996

2. Principal Place of Business

21 1850 Boy Scout Dr

Suite, Apt. #, etc.
#20722 City & State
FT. MYERS, FL23 Zip
33907Country
LEE

2a. Mailing Address

26 P.O. Box 7222

Suite, Apt. #, etc.

27 City & State
FT. MYERS, FL28 Zip
33911Country
LEE4. FEI Number
59-1918195Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name GERALD F. ELLIOTT P

82 Street Address (P.O. Box Number is Not Acceptable)
202 NW 18 PL.

83

84 City CAPE CORAL FL 85 Zip Code 33909

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

GERALD F. ELLIOTT

2/12/97

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVD

NAME ELLIOTT, GERALD

STREET ADDRESS 202 NW 18TH PL

CITY-ST-ZIP CAPE CORAL FL

TITLE VD

NAME HUPFER, JACK

STREET ADDRESS 12353 3RD. ST.

CITY-ST-ZIP FORT MYERS FL 33905

TITLE CD

NAME PREDKO, JOHN

STREET ADDRESS 166 DOW LANE

CITY-ST-ZIP NORTH FT. MYERS FL

TITLE T

NAME CULLINGS, PHILIP

STREET ADDRESS 1120 SW 28TH ST

CITY-ST-ZIP CAPE CORAL FL

TITLE S

NAME ARICK, CARL

STREET ADDRESS 1005 PALM POINT LANE

CITY-ST-ZIP NORTH FORT MYERS FL

TITLE VD

NAME CACCIOLFI, WILLIAM

STREET ADDRESS 1207 SE. 30 TER.

CITY-ST-ZIP CAPE CORAL FL 33904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COMMANDER = P

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SVD

2.2 NAME JOSEPH J. ROMANO

2.3 STREET ADDRESS P.O. BOX 1005

2.4 CITY-ST-ZIP LEHIGH ACRES, FL 33970

3.1 TITLE I VD

3.2 NAME DOROTHY W. JAGGER

3.3 STREET ADDRESS 4840-11 GOLFCLUB DR.

3.4 CITY-ST-ZIP VO. FT. MYERS, FL 33917

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ASST. TREAS. = VT

5.2 NAME RONALD A. SCHILKE

5.3 STREET ADDRESS 6110 WHISKEY CREEK DR. #215

5.4 CITY-ST-ZIP FORT MYERS, FL 33919

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: RONALD A. SCHILKE, RONALD A. SCHILKE, ASST. TREAS. 2/12/97 (941) 454-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 005485

CR2E037 (9/96)