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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747275** (6)

1. Corporation Name

R. D. KISINER CHAPTER #75, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

1850 BOY SCOUT DRIVE
#207
FT MYERS FL 33907
US

P.O. BOX 7222
FT MYERS FL 33911
US

3. Date Incorporated or Qualified

05/21/1979

4. FEI Number

59-1918195

Applied For

Not Applicable

2. Principal Place of Business

21 40 VFW Post 10127

Suite, Apt. #, etc.

22 996 PONDILLA RD.

City & State

23 No. FT. MYERS, FL

24 33903

25 US

2a. Mailing Address

26 9131 COLLAGE PKWY.

Suite, Apt. #, etc.

27 13-B-160

City & State

28 FT. MYERS, FL

29 33919

30 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIOTT, GERALD F.
202 N.W. 18 PLACE
CAPE CORAL FL 33909

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	CP	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, GERALD	
STREET ADDRESS	202 NW 18TH PL	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	ROMANO, JOSEPH J.	
STREET ADDRESS	P.O. BOX 1005	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JAGGER, DOROTHY W.	
STREET ADDRESS	4840-11 GOLFCLUB DRIVE	
CITY-ST-ZIP	NORTH FT. MYERS FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CULLINGS, PHILIP	
STREET ADDRESS	1120 SW 26TH ST	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	AVT	<input checked="" type="checkbox"/> DELETE
NAME	SCHILKE, RONALD A.	
STREET ADDRESS	6110 WHISKEY CREEK DR., #215	
CITY-ST-ZIP	FORT MYERS FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COMMANDER - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Philip D. Cullings	
1.3 STREET ADDRESS	1120 S.W. 26TH ST.	
1.4 CITY-ST-ZIP	CAPE CORAL, FL	

2.1 TITLE	SR. Vice COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOROTHY W. JAGGER	
2.3 STREET ADDRESS	4840-11 GOLFCLUB DR.	
2.4 CITY-ST-ZIP	No. Ft. MYERS, FL	

3.1 TITLE	JOSEPH D. YOUNG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JR. VICE COMMANDER	
3.3 STREET ADDRESS	299 ROSES LAKE	
3.4 CITY-ST-ZIP	No. FT. MYERS, FL	

4.1 TITLE	ADJUTANT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	R. M. STONE	
4.3 STREET ADDRESS	13140 BURNINGTREE AVE.	
4.4 CITY-ST-ZIP	FT. MYERS, FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

R M Stone

JAN. 24, 1998 (941) 466-3294

CR2E037 (10/97)