

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90398 046 ****61.25

DOCUMENT # 747275

1. Entity Name

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



Principal Place of Business

~~1320 SW 8TH PL~~ **1919 Courtney Dr**
~~CAPE CORAL FL 33991~~ **FT MYERS FL**
~~US~~ **33912**

Mailing Address

9131 COLLEGE PKWY
13-B-160
FT MYERS FL 33919
US

2. Principal Place of Business

1919 Courtney Dr

Suite, Apt. #, etc.

UNIT 2

City & State

FT MYERS FL

Zip

33912

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCOY, EDWARD T
13008 4TH STREET
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCOY, EDWARD ☐ Delete
STREET ADDRESS 13008 4TH STREET
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ATD
NAME KRYGHTON-EVANOFF, SUSAN ☒ Delete
STREET ADDRESS 18941 CEMETERY ROAD
CITY-ST-ZIP FORT MYERS FL 33905

TITLE CD
NAME THIBODRAU, KENNETH ☐ Delete
STREET ADDRESS PO BOX 147
CITY-ST-ZIP FORT MYERS FL 33902

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ET** ☐ Change ☒ Addition
NAME **Charles F MANNING**
STREET ADDRESS **17454 MEADOW LAKE CIRCLE**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles F Manning** **CHARLES F. MANNING** **4/29/04** **2394827027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #