

FILED
Apr 07, 2003 8:00 am
Secretary of State

01-24-2003 90131 034 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 747275

1. Entity Name

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



Principal Place of Business

1320 SW 8TH PL
CAPE CORAL FL 33901
US

Mailing Address

9181 COLLEGE PKWY
13-B-100
FT MYERS FL 33919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6196578

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, EDWARD J
1320 SW 8TH PLACE
CAPE CORAL FL 33901

Name Edward T. McCoy

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

13008 4th Street

City Fort Myers

FL

Zip Code 33905

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 Edward T. McCoy

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPDD
NAME JAGGER, DOROTHY
STREET ADDRESS 5985 NINE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33903 ☒ Delete

TITLE TT
NAME LEWIS, EDWARD J
STREET ADDRESS 1320 SW 8TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33901 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE President
NAME Edward T. McCoy
STREET ADDRESS 13008 4th Street
CITY-ST-ZIP Fort Myers, FL 33905 ☐ Change ☒ Addition

TITLE At-Treasurer
NAME Susan Knighton-Evans
STREET ADDRESS 18941 Country Road
CITY-ST-ZIP Fort Myers, FL 33905 ☐ Change ☒ Addition

TITLE Chaplin
NAME THIBODRAU, KENNETH
STREET ADDRESS P.O. Box 147
CITY-ST-ZIP Ft. Myers, FL 33902 ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ~~Edward T. McCoy~~ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 239 683 7385

Date Daytime Phone