

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90183 049 ****61.25

DOCUMENT # 749559

1. Entity Name

**CRESTVIEW CHAPTER 57 DISABLED AMERICAN
VETERANS, INCORPORATED**



Principal Place of Business

Mailing Address

5296 HARE ST.
PO BOX 63
CRESTVIEW FL 32536

5296 HARE ST.
PO BOX 63
CRESTVIEW FL 32536

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

31-1128923

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

**MCDONALD, HARRY R.
6161 HIGHWAY 393
CRESTVIEW FL 32539**

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, 2007**

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	STD	<input type="checkbox"/> Delete
NAME	MCDONALD, HARRY R.	
STREET ADDRESS	6161 HIGHWAY 393	
CITY- ST- ZIP	CRESTVIEW FL 32539	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, ALLEN D	
STREET ADDRESS	2806 ATOKA TRL	
CITY- ST- ZIP	CRESTVIEW FL 32539	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VANCE, GEORGE W	
STREET ADDRESS	121 SPRINGWOOD CIR	
CITY- ST- ZIP	CRESTVIEW FL 32536	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYES, SAMUEL H	
STREET ADDRESS	P.O. BOX 655	
CITY- ST- ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOBIN, MARION	
STREET ADDRESS	195 VILLACREST DR	
CITY- ST- ZIP	CRESTVIEW FL #0%#0	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, ALLEN D.	
STREET ADDRESS	2806 ATOKA TR.	
CITY- ST- ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Harry R. McDonald, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2007 850-682-3666

Date

Daytime Phone #