

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749559

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** CRESTVIEW CHAPTER 57 DISABLED AMERICAN VETERANS, INCORPORATED

**Current Principal Place of Business:**

5296 HARE ST.  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 63  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 31-1128923      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JIMISON, DEBBORAH A  
3063 SKYLINE DR  
CRESTVIEW, FL 32539      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: JIMISON, DEBORAH A  
Address: 3063 SKYLINE DR  
City-St-Zip: CRESTVIEW, FL 32539

Title: VD  
Name: MAY, BOBBY R  
Address: 4045 PAINTER BRANCH RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: VD  
Name: SIMMONS, DENNIS R  
Address: 6381 HAVENMIST LN  
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBBORAH A JIMISON

STD

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date