FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754481** **(0)**

1. Corporation Name

SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN V ETERANS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
226 PARSHLEY ST. LIVE OAK FL 32060-8522	226 PARSHLEY ST LIVE OAK FL 32060-8522

3. Date Incorporated or Qualified: **10/03/1980**
3a. Date of Last Report: **03/16/1994**
4. FEI Number: **51-0169751** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

CHILDRESS, ROBERT, JR
224 PARSHLEY ST, BLDG 2 RM 1
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

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 607.0501 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS		
11 TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
12 NAME	CHILDRESS, ROBERT C. J	12 NAME	MC MULLEN, C.B.	
13 STREET ADDRESS	408 HAWKINS ST	13 STREET ADDRESS	1115 BLACKBURN AVE	
14 CITY ST ZIP	LIVE OAK FL	14 CITY ST ZIP	LIVE OAK FL	
21 TITLE	VD	21 TITLE	VD	XX Change ☐ Addition
22 NAME	MC MULLEN, C.B.	22 NAME	CHILDRESS, ROBERT C.J	
23 STREET ADDRESS	1115 BLACK BURN AVE.	23 STREET ADDRESS	1007 SUWANNEE AVE.	
24 CITY ST ZIP	LIVE OAK FL	24 CITY ST ZIP	LIVE OAK FL	
31 TITLE	VD	31 TITLE	SD	XX Change XX Addition
32 NAME	EDMISTEN, JOHN	32 NAME	HEILMANN, MARTHA W.	
33 STREET ADDRESS	RT. 6, BOX 700	33 STREET ADDRESS	4960 140 PLACE	
34 CITY ST ZIP	LIVE OAK FL 32060	34 CITY ST ZIP	WELLBORN, FL	
41 TITLE	STD	41 TITLE	TD	☐ Change ☐ Addition
42 NAME	LOUD, WILLIAM	42 NAME	LOUD, WILLIAM	
43 STREET ADDRESS	RT 2 BOX 799	43 STREET ADDRESS	RT 2 BOX 799	
44 CITY ST ZIP	BRANFORD FL	44 CITY ST ZIP	BRANFORD FL	
51 TITLE	D	51 TITLE	D	XX Change ☐ Addition
52 NAME	RICE, FRED	52 NAME	EDMISTEN, JOHN	
53 STREET ADDRESS	318 N SCRIVEN ST	53 STREET ADDRESS	RT 6 BOX 700	
54 CITY ST ZIP	LIVE OAK FL	54 CITY ST ZIP	LIVE OAK	
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0022307