

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # 754481 (0)

1. Corporation Name

SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN V
ETERANS, INC.

Principal Place of Business

Mailing Address

226 PARSHLEY ST.
LIVE OAK FL 32060-8522

226 PARSHLEY ST.
LIVE OAK FL 32060-8522



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1980

3a. Date of Last Report

03/21/1996

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 226 Parshley St

2a. Mailing Address

26 226 Parshley St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Live Oak FL

City & State

28 Live Oak FL

Zip

24 32060

Country

25 Suwannee

Zip

29 32060

Country

30 Suwannee

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

Joseph E Bach

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

10867 SR 51

83

84 City

Live Oak

FL

85 Zip Code

32060

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCMULLEN, C. B.
STREET ADDRESS 1115 BLACKBURN AVE
CITY-ST-ZIP LIVE OAK FL

TITLE VD ☐ DELETE

NAME CHILDRESS, ROBERT C. J.
STREET ADDRESS 1007 SUWANNEE AVE
CITY-ST-ZIP LIVE OAK FL

TITLE SD ☐ DELETE

NAME HEILMAN, MARTHA
STREET ADDRESS 505 N.W. DRIVE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE TD ☐ DELETE

NAME LOUD, WILLIAM
STREET ADDRESS RT. 2, BOX 799
CITY-ST-ZIP BRANFORD FL

TITLE D ☐ DELETE

NAME EDMISTEN, JOHN
STREET ADDRESS 13582 92ND ST.
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME JOSEPH E BACH
1.3 STREET ADDRESS 10867 SR 51
1.4 CITY-ST-ZIP Live Oak FL 32060

2.1 TITLE VD ☐ Change ☐ Addition

2.2 NAME ROBERT C.J. CHILDRESS+
2.3 STREET ADDRESS 1007 Suwannee Ave
2.4 CITY-ST-ZIP Live Oak FL 32060

3.1 TITLE SD ☐ Change ☐ Addition

3.2 NAME William R. Loud
3.3 STREET ADDRESS 3984 274ST
3.4 CITY-ST-ZIP Branford FL 32008

4.1 TITLE TD ☐ Change ☐ Addition

4.2 NAME Cleo V Taylor
4.3 STREET ADDRESS 11533 24ST
4.4 CITY-ST-ZIP Live Oak FL 32060

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME John Edmisten
5.3 STREET ADDRESS 13582 92ST
5.4 CITY-ST-ZIP Live Oak FL 32060

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 REQUIRED

CR2E037 (4/97)