


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754481** (0)

1. Corporation Name

SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

**226 PARSHLEY ST
LIVE OAK FL 32060
US**

**226 PARSHLEY ST
LIVE OAK FL 32060
US**

3. Date incorporated or Qualified

10/03/1980

4. FEI Number

51-0169751

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACH, JOSEPH E
10867 SR 51
LIVE OAK FL 32060**

81 Name

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

**LOUD, WILLIAM R.
3984 274th St**

83

84 City

BRANFORD

FL

85 Zip Code

32008

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

William R. Loud

9 MAR 98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BACH, JOSEPH E	
STREET ADDRESS	10867 SR 51	
CITY-ST-ZIP	LIVE OAK FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHILDRESS, ROBERT C J	
STREET ADDRESS	1007 SUWANNEE AVE	
CITY-ST-ZIP	LIVE OAK FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOUD, WILLIAM R	
STREET ADDRESS	3984 274 ST	
CITY-ST-ZIP	BRADFORD FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAYLOR, CLEO V	
STREET ADDRESS	11533 24TH ST	
CITY-ST-ZIP	LIVE OAK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDMISTEN, JOHN	
STREET ADDRESS	13582 82 ST	
CITY-ST-ZIP	LIVE OAK FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUD, WILLIAM R.	
1.3 STREET ADDRESS	3984 274th ST	
1.4 CITY-ST-ZIP	BRANFORD FL 32008	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

William R. Loud

9 MAR 98 (904)935-3328

CP2E037 (10/97)