

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90119 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754481**

1. Corporation Name

**SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN VETERANS, INC.**

Principal Place of Business

226 PARSHLEY ST  
LIVE OAK FL 32060  
US

Mailing Address

226 PARSHLEY ST  
LIVE OAK FL 32060  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/03/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		51-0169751	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LOUD, WILLIAM R  
3984 274TH ST  
BRANDFORD FL 32008

27486 41<sup>ST</sup> RD

10. Name and Address of New Registered Agent

81 Name	LOUD, WILLIAM R	
82 Street Address (P.O. Box Number is Not Acceptable)		
83	27486 41 <sup>ST</sup> Road	
84 City	BRANDFORD	85 Zip Code
	FL	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

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

(NOTE: Registered Agent signature required when reinstating)

*William R Loud*

1/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P.O. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUD, WILLIAM	1.2 NAME	LOUD, WILLIAM
STREET ADDRESS	3984 274TH ST	1.3 STREET ADDRESS	27486 41 <sup>ST</sup> Road
CITY-ST-ZIP	BRANDFORD FL 32008	1.4 CITY-ST-ZIP	BRANDFORD FL 32008
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, ROBERT C J	2.2 NAME	
STREET ADDRESS	1007 SUWANNEE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	LOUD WILLIAM R <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUD, WILLIAM R	3.2 NAME	LOUD, WILLIAM R
STREET ADDRESS	3984 274 ST	3.3 STREET ADDRESS	27486 41 <sup>ST</sup> Road
CITY-ST-ZIP	BRANDFORD FL	3.4 CITY-ST-ZIP	BRANDFORD, FL 32008
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CLEO V	4.2 NAME	
STREET ADDRESS	11533 24TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMISTEN, JOHN	5.2 NAME	
STREET ADDRESS	13582 92 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*William R Loud*

1-13-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)