2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90039 015 ****70.00

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DOCUMENT # 754481

1. Entity 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

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
226 PARSHLEY ST	226 PARSHLEY ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LIVE OAK, FL	City & State: LIVE OAK, FL
Zip: 32064 Country: US	Zip: 32064 Country: US

4. FEI Number: 51-0169751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREWS, CHARLIE
9095-137 RD
LIVE OAK, FL 32060

7. Name and Address of New Registered Agent

Name: MILLER, AUBREY L
Street Address (P.O. Box Number is Not Acceptable): 11492 SE 50th Dr
City: JASPER FL Zip Code: 32052

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CREWS, CHARLIE 9095 137 RD LIVE OAK, FL 32060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MILLER, AUBREY L 11492 SE 50th Dr JASPER, FL 32052	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHILDRESS, ROBERT C J 1007 SUWANNEE AVE LIVE OAK FL,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD HALL, LOYD 13094 113th PL LIVE OAK, FL 32060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOUD, WILLIAM R 27486 41ST RD BRADFORD, FL 32008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVD CHILDRESS, ROBERT C J 1007 SUWANNEE AVE LIVE OAK, FL 32064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOSSI, WENDY J 320 WALKER AVE NW LIVE OAK, FL 320605031	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOSSI, WENDY J 320 WALKER AVE NW LIVE OAK, FL 32064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, CLEO V 11533 24TH ST LIVE OAK, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ECD POTTS, LARRY M 18749 138th ST LIVE OAK, FL 32060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ AUBREY L MILLER 4/21/2004 386-362-1701
SIGNATURE AND TYPED OR PRINTED NAME OF REMING OFFICER OR DIRECTOR — Date — Daytime Phone #