


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754481</b> 1. Entity Name <b>SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN VETERANS, INC.</b>	
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Principal Place of Business <b>226 PARSHLEY ST LIVE OAK, FL 32060 US</b>	Mailing Address <b>226 PARSHLEY ST LIVE OAK, FL 32060 US</b>
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03142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0169751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MILLER, AUBREY L  
11492 SE 50TH DR  
JASPER, FL 32052**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MILLER, AUBREY L 11492 SE 50TH DR JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD HALL, LOYD 13094 113TH PLACE LIVE OAK, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JVD CHILDRESS, ROBERT C J 1007 SUWANNEE AVE LIVE OAK, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOSSI, WENDY J 320 WALKER AVE NW LIVE OAK, FL 320605031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ECD POTTS, LARRY M 18749 138TH ST LIVE OAK, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000265461  
03/16/05-80058-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]* **COMMANDER** 3/14/05 386-362-1701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #