

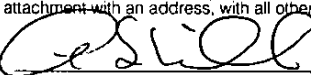


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 754481</b> 1. Entity Name SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN VETERANS, INC.			FILED 06 SEP 18 PM 4:32 SEC. TALLAHASSEE
Principal Place of Business 226 PARSHLEY ST LIVE OAK, FL 32060 US		Mailing Address 226 PARSHLEY ST LIVE OAK, FL 32060 US	
<b>DO NOT WRITE IN THIS SPACE</b>		 09152006 No Chg-NP CR2E037 (4/06)	
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</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  MILLER, AUBREY L 11492 SE 50TH DR JASPER, FL 32052		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		100080390331 10/03/06--01034--017 **\$61.25  <b>DO NOT WRITE IN THIS SPACE</b>	
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 32060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVD CHILDRESS, ROBERT C J 1007 SUWANNEE AVE LIVE OAK, FL 32064		
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 32060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  <b>Aubrey L. Miller</b> 9/12/06 386-303-1181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			