

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 754481

1. Entity 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



01152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

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

(NOTE: Registered Agent signature required when re-installing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000617247  
02/07/07-80068-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	MILLER, AUBREY L
STREET ADDRESS	11492 SE 50TH DR
CITY-STATE-ZIP	JASPER, FL 32052
TITLE	SVD
NAME	HALL, LOYD
STREET ADDRESS	13094 113TH PLACE
CITY-STATE-ZIP	LIVE OAK, FL 32060
TITLE	JVD
NAME	CHILDRESS, ROBERT C J
STREET ADDRESS	1007 SUWANNEE AVE
CITY-STATE-ZIP	LIVE OAK, FL 32064
TITLE	TD
NAME	JOSSI, WENDY J
STREET ADDRESS	320 WALKER AVE NW
CITY-STATE-ZIP	LIVE OAK, FL 320605031
TITLE	ECD
NAME	POTTS, LARRY M
STREET ADDRESS	18749 138TH ST
CITY-STATE-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 386-362-1701  
Date Daytime Phone #