
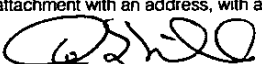


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90042 006 ****61.25

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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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		
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:  Aubrey L. Miller 3/31/08 386-362-1701 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		