

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754481

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** SUWANNEE MEMORIAL CHAPTER OF DISABLED AMERICAN VETERANS, INC.

**Current Principal Place of Business:**

226 PARSHLEY ST  
LIVE OAK, FL 32060 US

**New Principal Place of Business:**

226 PARSHLEY ST  
LIVE OAK, FL 32064 US

**Current Mailing Address:**

226 PARSHLEY ST  
LIVE OAK, FL 32060 US

**New Mailing Address:**

226 PARSHLEY ST  
LIVE OAK, FL 32064 US

**FEI Number:** 51-0169751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MILLER, AUBREY L  
Address: 11492 SE 50TH DR  
City-St-Zip: JASPER, FL 32052

Title: SVD ( ) Delete  
Name: HALL, LOYD  
Address: 13094 113TH PLACE  
City-St-Zip: LIVE OAK, FL 32060

Title: JVD ( ) Delete  
Name: CHILDRESS, ROBERT C J  
Address: 1007 SUWANNEE AVE  
City-St-Zip: LIVE OAK, FL 32064

Title: TD ( ) Delete  
Name: JOSSI, WENDY J  
Address: 320 WALKER AVE NW  
City-St-Zip: LIVE OAK, FL 320605031

Title: ECD ( ) Delete  
Name: POTTS, LARRY M  
Address: 18749 138TH ST  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: MILLER, AUBREY L  
Address: 11492 SE 50TH DR  
City-St-Zip: JASPER, FL 32052

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUBREY L. MILLER

CD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date