

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 AM 10:59

DOCUMENT # 755950

1. Entity Name
THE TALLAHASSEE CHAPTER, CHAPTER NUMBER
FIVE, DISABLED AMERICAN VETERANS, DEPARTMENT
OF FLORIDA



Principal Place of Business
241 LAKE ELLA DR.
TALLAHASSEE, FL 32303 US

Mailing Address
POST OFFICE BOX 12005
TALLAHASSEE, FL 32317-1200 US



01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1728841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELKOFKY, MORRIS.
241 LAKE ELLA DR.
TALLAHASSEE, FL 32303

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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 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

00046119582
02/07/05--01043--010 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
C
SHELKOFKY, MORRIS
STREET ADDRESS
2564-A PANTHER CREEK RD.
CITY-ST-ZIP
TALLAHASSEE, FL 32308

TITLE
NAME
D
PETERSEN, JON D
STREET ADDRESS
625 SOUTH MULBURY STREET
CITY-ST-ZIP
MONTICELLO, FL 32344

TITLE
NAME
COS
CRAIG, CURTIS L
STREET ADDRESS
1009 IDLEWILD DRIVE
CITY-ST-ZIP
TALLAHASSEE, FL 32311

TITLE
NAME
D
SANDERS, ARCHIE
STREET ADDRESS
5625 MOSSY TOP WAY
CITY-ST-ZIP
TALLAHASSEE, FL 32303

TITLE
NAME
D
HILL, LEROY
STREET ADDRESS
4976 MOORE POND ROAD
CITY-ST-ZIP
TALLAHASSEE, FL 32303

TITLE
NAME
T
COLEMAN, PHYLLIS
STREET ADDRESS
5862 ORCHARD POND ROAD
CITY-ST-ZIP
TALLAHASSEE, FL 32303

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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: Morris Shelkofsky Morris Shelkofsky 1/26/05 850-878-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #