

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
08 MAY 28 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05272008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

000130679130
06/03/08--01023--002 **\$1.25

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SHELKOFKY, MORRIS	
STREET ADDRESS	2564-A PANTHER CREEK RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	HENRY, RAYMOND A	
STREET ADDRESS	2910 KERRY FOREST PKWY D 4-171	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, ARCHIE L	
STREET ADDRESS	5625 MOSSY TOP WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, LEROY	
STREET ADDRESS	4976 MOORE POND ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	T	<input type="checkbox"/> Delete
NAME	HILL, ALFRED	
STREET ADDRESS	2180 PORTSMOUTH CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thurston, William	
STREET ADDRESS	2003 Holly St.	
CITY-ST-ZIP	Tallahassee, Fl 32304	
TITLE	SVC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.J. Coleman	
STREET ADDRESS	5862 Orchard Pond Rd.	
CITY-ST-ZIP	Tallahassee Fl 32303	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnnie Jones	
STREET ADDRESS	1350 West Haven Court	
CITY-ST-ZIP	Tallahassee Fl 32310	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry L. Ardis	
STREET ADDRESS	P.O. Box 5034	
CITY-ST-ZIP	Tallahassee Fl 32314	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hill, Alfred	
STREET ADDRESS	1045 Old Drifton Rd	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #