2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 755950

Entity Name: THE TALLAHASSEE CHAPTER, CHAPTER NUMBER FIVE, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Current Principal Place of Business:

241 LAKE ELLA DR.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 12005
TALLAHASSEE, FL 323171200 US

New Mailing Address:

FEI Number: 59-1728841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELKOFSKY, MORRIS
241 LAKE ELLA DR.
TALLAHASSEE, FL 32303 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: THURSTON, WILLIAM
Address: 2003 HOLLY ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: SVC ( ) Delete
Name: COLEMAN, P J
Address: 5862 ORCHARD POND RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: JONES, JOHNNIE
Address: 1350 WEST HAVEN COURT
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: ARDIS, HENERY L
Address: P.O. BOX 5034
City-St-Zip: TALLAHASSEE, FL 32314

Title: T ( ) Delete
Name: HILL, ALFRED
Address: 1045 OLD DRIFTON RD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ALFRED HILL T 04/16/2009

Electronic Signature of Signing Officer or Director — Date