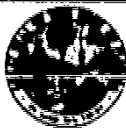


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 13 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756472 (7)

1. Corporation Name

DISABLED AMERICAN VETERANS SILVER SPRINGS CHAPTE
R 121, INC.

Principal Place of Business

Mailing Address

PO BOX 661
SILVER SPRINGS FL 34488
US

PO BOX 661
SILVER SPRINGS FL 34488
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1981 3a. Date of Last Report 04/20/1994

4. FEI Number 59-1791479 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 FOREST CARRIERS COMPANY, INC.

26 P.O. BOX 661

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BLUE 761 S. CO. RD 314A

27

City & State

City & State

23 SILVER SPRINGS, FL

28 SILVER SPRINGS, FL.

Zip

Zip

24 34489-0661

29 34489-0661

Country

Country

25 USA

30 USA.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, WILLIAM E. SR.
1950 SE 172ND AVE
SILVER SPRINGS FL 34488

81 Name

MURPHY N. HARPER

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

151 N.E. 169th AVE.

83

84 City

SILVER SPRINGS FL

FL

85 Zip Code

34488-5306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Murphy N. Harper*

Murphy N. Harper

3-1-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME GINGERS, JOHN D.
STREET ADDRESS 18660 SE 24TH PL
CITY-ST-ZIP SILVER SPRINGS FL

11 TITLE VP ☒ Change ☐ Addition
12 NAME MICHAEL J. HADDEN
13 STREET ADDRESS 1744 S.E. 169th TERR. RD.
14 CITY-ST-ZIP SILVER SPRINGS, FL. 34488

TITLE D
NAME BRUMMER, GEORGE
STREET ADDRESS 17485 SE 24TH LANE
CITY-ST-ZIP SILVER SPRINGS FL

21 TITLE D ☒ Change ☐ Addition
22 NAME HAROLD E. ANDERSON
23 STREET ADDRESS 5930 S.E. HIGHWAY 314A
24 CITY-ST-ZIP OKLAHAWA, FL 32179

TITLE D
NAME CRISPELL, JACK R.
STREET ADDRESS 2001 SE 169 AVE RD
CITY-ST-ZIP SILVER SPRINGS FL

31 TITLE D ☐ Change ☐ Addition
32 NAME JACK R. CRISPELL
33 STREET ADDRESS 2001 S.E. 169th AVE. RD.
34 CITY-ST-ZIP SILVER SPRINGS, FL. 34488

TITLE D
NAME HARPER, MURPHY N.
STREET ADDRESS 151 NE 169TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL

41 TITLE D ☒ Change ☐ Addition
42 NAME WALTER D. CRAIG
43 STREET ADDRESS 16179 S.E. 15th ST.
44 CITY-ST-ZIP OKLAHAWA, FL 32179

TITLE P
NAME MORGAN, WILLIAM E. SR.
STREET ADDRESS 1950 SE 172ND AVE
CITY-ST-ZIP SILVER SPRINGS FL

51 TITLE D ☒ Change ☐ Addition
52 NAME EDWIN H. KIMMEL
53 STREET ADDRESS 6865 N.E. 2ND LOOP
54 CITY-ST-ZIP OCALA, FL. 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE D ☐ Change ☒ Addition
62 NAME JOSEPH G. GIAMPI
63 STREET ADDRESS 4560 S.E. 57th LANE
64 CITY-ST-ZIP OCALA, FL. 34480

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack R. Crispell* ADJUTANT JACK R. CRISPELL 3-1-95 (207) 625-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date