FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34489 US	PO BOX 661 SILVER SPRINGS FL 34489 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1961
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1791479 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: FOREST CORNERS COMMUNITY CTR.	2a. Mailing Address 26: P.O. BOX 661
Suite, Apt. #, etc. 22: BLDG. 761 S. CR. RD 314A	Suite, Apt. #, etc. 27:
City & State 23: SILVER SPRINGS, FL	City & State 28: SILVER SPRINGS, FL.
Zip 24: 34487-0661 Country 25: USA	Zip 29: 34487-0661 Country 30: USA.

5. Certificate of Status Desired ☐ **$8.75** 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

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: 34488-5906

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 reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	GINGERS, JOHN D.	12 NAME	MICHAEL J. MADDEN	
STREET ADDRESS	18660 SE 24TH PL	13 STREET ADDRESS	1744 S.E. 169TH TERR. RD.	
CITY-ST-ZIP	SILVER SPRINGS FL	14 CITY-ST-ZIP	SILVER SPRINGS, FL. 34488	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	BRUMMER, GEORGE	22 NAME	HAROLD E. ANDERSON	
STREET ADDRESS	17485 SE 24TH LANE	23 STREET ADDRESS	8930 S.E. HIGHWAY 314A	
CITY-ST-ZIP	SILVER SPRINGS FL	24 CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	D	31 TITLE	D	☐ Change ☐ Addition
NAME	CRISPELL, JACK R.	32 NAME	JACK R. CRISPELL	
STREET ADDRESS	2001 SE 169 AVE RD	33 STREET ADDRESS	2001 S.E 169TH AVE. RD.	
CITY-ST-ZIP	SILVER SPRINGS FL	34 CITY-ST-ZIP	SILVER SPRINGS, FL. 34488	
TITLE	D	41 TITLE	D.	☒ Change ☐ Addition
NAME	HARPER, MURPHY N.	42 NAME	WALTER D. CRAIG	
STREET ADDRESS	151 NE 169TH AVE.	43 STREET ADDRESS	16179 S.E. 15TH ST.	
CITY-ST-ZIP	SILVER SPRINGS FL	44 CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	P	51 TITLE	D.	☒ Change ☐ Addition
NAME	MORGAN, WILLIAM E. SR.	52 NAME	EDWIN W. KIMMEL	
STREET ADDRESS	1950 SE 172ND AVE	53 STREET ADDRESS	4865 N.E. 2ND LOOP	
CITY ST ZIP	SILVER SPRINGS FL	54 CITY-ST ZIP	OCALA, FL. 34470	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	JOSEPH C. CIAMPI	
STREET ADDRESS		63 STREET ADDRESS	4560 S.E. 57TH LANE	
CITY ST ZIP		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 — (904) 625-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004811