

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 756472 (7)  
1. Corporation Name  
DISABLED AMERICAN VETERANS SILVER SPRINGS CHAPTE  
R 121, INC.

Principal Place of Business Mailing Address  
FOREST CORNERS COMMUNITY CTR  
BLDG 761 S CO RD 314A  
SILVER SPRINGS FL 34489-0661  
US P.O. BOX 661  
SILVER SPRINGS FL 34489-0661



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1981		3a. Date of Last Report 04/13/1995	
21		26		4. FEI Number 59-1791479		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, MURPHY N.  
151 NE 169TH AVE  
SILVER SPRINGS FL 34488-5306

81 Name Bobby Harper  
82 Street Address (P.O. Box Number is Not Acceptable)  
2140 S.E. 182nd Ct.  
83 Silver Springs  
84 City FL 85 Zip Code 34488

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Bobby A. Harper*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDEN, MICHAEL J			1.2 NAME	Ciampi, Joseph		
STREET ADDRESS	1744 SE 169TH TERR RD			1.3 STREET ADDRESS	4560 S.E. 57th Lane		
CITY-ST-ZIP	SILVER SPRINGS FL 34488			1.4 CITY-ST-ZIP	Ocala, Fl. 34480		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, HAROLD E.			2.2 NAME			
STREET ADDRESS	5930 SE HIGHWAY 314A			2.3 STREET ADDRESS	000001746050		
CITY-ST-ZIP	OKLAWAHA FL 32179			2.4 CITY-ST-ZIP	-03/16/96--01001--024		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRISPELL, JACK R.			3.2 NAME			
STREET ADDRESS	2001 SE 169 AVE RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL 34488			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, WALTER D.			4.2 NAME	Slade, Mary		
STREET ADDRESS	16179 SE 15TH ST			4.3 STREET ADDRESS	2240 S.E. 175th Terrace		
CITY-ST-ZIP	OKLAWAHA FL 32179			4.4 CITY-ST-ZIP	Silver Springs, Fl. 34488		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMMEL, EDWIN H			5.2 NAME	Braumbaugh, Thomas		
STREET ADDRESS	6865 NE 2ND LOOP			5.3 STREET ADDRESS	2021 S.E. 173rd Ct		
CITY-ST-ZIP	OCALA FL 34470			5.4 CITY-ST-ZIP	Silver Springs, Fl. 34488		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIAMPI, JOSEPH C			6.2 NAME	Craig, Walter D.		
STREET ADDRESS	4560 SE 57TH LANE			6.3 STREET ADDRESS	16179 S.E. 15th St.		
CITY-ST-ZIP	OCALA FL 34480			6.4 CITY-ST-ZIP	Oklawaha, Fl. 32179		

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: *Mary C. Slade - Mary C. Slade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Mar '96

Date

904-625-7514

Daytime Phone #

CR2E037 (12/95)