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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FOREST CORNERS COMMUNITY CTR
BLDG 761 S CO RD 314A
SILVER SPRINGS FL 34489-0661
US

Mailing Address

P.O. BOX 661
SILVER SPRINGS FL 34489-0661



3. Date Incorporated or Qualified
02/23/1981

3a. Date of Last Report
03/15/1996

FEI Number
59-1791479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, BOBBY
2140 S.E. 182ND CT
SILVER SPRINGS FL 34488

81 Name MICHAEL J MADDEN JR
82 Street Address (P.O. Box Number is Not Acceptable)
17180 S.E. 21 Place Rd
83 Silver Springs, Fl 34488
84 City FL 85 Zip Code

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 *Michael J Madden Jr*
Signature, typed or printed name of registered agent, or file if applicable

(NOTE: Registered Agent signature required when reinstating)

7 April '97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CIAMPI, JOSEPH	
STREET ADDRESS	4560 S.E. 57TH LANE	
CITY - ST - ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, HAROLD E.	
STREET ADDRESS	5930 SE HIGHWAY 314A	
CITY - ST - ZIP	OKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRISPELL, JACK R.	
STREET ADDRESS	2001 SE 169 AVE RD	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLADE, MARY	
STREET ADDRESS	2240 S.E. 175TH TERRACE	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAUMBAUGH, THOMAS	
STREET ADDRESS	2021 S.E. 173RD CT	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAIG, WALTER	
STREET ADDRESS	16179 S.E. 15TH ST.	
CITY - ST - ZIP	OKLAWAHA FL 32179	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D - S
3.3 STREET ADDRESS	C. Earle McGue
3.4 CITY - ST - ZIP	2152 S.E. 3rd St., Ocala, Fl 34471
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dilascio, Joseph
6.3 STREET ADDRESS	8810 SE 180th Rd, Oklawaha, Fl 32179
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED *Michael J Madden Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97
Date Daytime Phone # 0066146

CR2E037 (9/96)