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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90132 003 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756472**

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



2. Principal Place of Business

**Forest Corners Community Center-DAV 121**

2a. Mailing Address

**P.O. Box 661**

3. Date Incorporated or Qualified

**02/23/1981**

21. Suite, Apt. #, etc.

**Bldg 761, SR 40, 314A**

27. Suite, Apt. #, etc.

**PO Box 661**

4. FEI Number

**59-1791479**

Applied For

☒ Not Applicable

23. City & State

**Silver Springs, Fl**

28. City & State

**Silver Springs, Fl**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24. Zip **34489-0661** Country **USA**

29. Zip **34488** Country **USA**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MADDEN, MICHAEL J JR.  
17180 S.E. 21 PLACE RD.  
SILVER SPRINGS FL 34488**

10. Name and Address of New Registered Agent

81. Name

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

83.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **VP  
FRAZIER, JR JOHN  
18438 S E 60TH STREET  
OCKLAWAHA FL 32179**

TITLE ☐ DELETE

NAME **D  
ANDERSON, HAROLD E.  
5930 SE HIGHWAY 314A  
OKLAWAHA FL 32179**

TITLE ☐ DELETE

NAME **DS  
MCGUE, C. E  
2152 S.E. 3RD ST.  
OCALA FL**

TITLE ☐ DELETE

NAME **D  
SLADE, MARY  
2240 S.E. 175TH TERRACE  
SILVER SPRINGS FL 34488**

TITLE ☐ DELETE

NAME **D  
BRAUMBAUGH, THOMAS  
2021 S.E. 173RD CT  
SILVER SPRINGS FL 34488**

TITLE ☐ DELETE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **VP  
Raymond W. Rusch  
P.O. Box 5415  
Salt Springs, Fl 32134**

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)