

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90099 004 ****61.25

DOCUMENT # 756472

1. Entity Name

**DISABLED AMERICAN VETERANS SILVER SPRINGS CHAPTE
R 121, INC.**



Principal Place of Business

**FOREST CORNERS COMMUNITY CTR
BLD 761, SR 40, 314-A
SILVER SPRINGS FL 34489-0661
US**

Mailing Address

**P.O. BOX 661
SILVER SPRINGS FL 34488**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1791479**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAIG, WALTER
16174 SE 1516 STREET
OCKLAWAHA FL 32179**

Name **DONALD G. HOLCOMB**
Street Address (P.O. Box Number is Not Acceptable)
176 NE 168TH CT.
City **SILVER SPRINGS** FL **34488**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald G. Holcomb

4-2-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CRAIG, WALTER**
STREET ADDRESS **16179 SE 15TH STREET**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **P** ☒ Change ☐ Addition
NAME **RUSCH, RAYMOND**
STREET ADDRESS **2950 NE 52ND CT**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☐ Delete
NAME **RUCH, RAYMOND**
STREET ADDRESS **2950 NE 52 CT**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☒ Change ☐ Addition
NAME **CROSS, OLGA**
STREET ADDRESS **14929 N.E. 86TH LN**
CITY-ST-ZIP **SILVER SPRINGS, FL 34488**

TITLE **D** ☐ Delete
NAME **HOLCOMB, DONALD**
STREET ADDRESS **176 NE 168TH CT**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KALAMANKA, JOHN A**
STREET ADDRESS **17913 SE 28TH LANE RD**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☒ Change ☐ Addition
NAME **CROSS, ROBERT**
STREET ADDRESS **14929 N.E. 86TH LN**
CITY-ST-ZIP **SILVER SPRINGS, FL 34488**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED DONALD HOLCOMB 4/2/03 352 625 2279**

CR2E037 (10/02)