

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758561 (5)

1. Corporation Name

DISABLED AMERICAN VETERANS, SOUTH BROWARD COUNTY
CHAPTER 41, INCORPORATED

Principal Place of Business

2118 SCOTT ST.
HOLLYWOOD FL 33020-2309

Mailing Address

2401 N. 59TH TERR.
HOLLYWOOD FL 33021-32663. Date Incorporated or Qualified
05/28/19813a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOULDING, DR. STANLEY W JR
2401 N. 59TH TERR.
HOLLYWOOD FL 33021-3261

10. Name and Address of New Registered Agent

81 Name TRANCHINA, JOSEPH S.

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

1750 JEFFERSON ST

83 APT # 208

84 City HOLLYWOOD FL 85 Zip Code 33020

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

JOSEPH S. TRANCHINA 1/23/97

Signature of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~ST~~ MOULDING, DR. STANLEY W JR
NAME ~~2401 N. 59TH TERR.~~
STREET ADDRESS HOLLYWOOD FL 33021-3266
CITY-ST-ZIPTITLE ~~SRV~~ FRANCIS V. RUSSO
NAME ~~HILL, SAMUEL R~~ 2910 NE 10TH TERR
STREET ADDRESS 301 N. 120 HWYWAY
CITY-ST-ZIP HALLANDALE FL 33009 Pompano Beach FL 33064TITLE ~~DIRECTOR~~
NAME KOMANIECKI, MAX
STREET ADDRESS 4717 ARTHUR ST.
CITY-ST-ZIP HOLLYWOOD FLTITLE ~~JRVT~~
NAME NEWMAN, BERNARD A
STREET ADDRESS 3725 NE 169TH ST.
CITY-ST-ZIP NO. MIAMI FL 33160TITLE ~~PCDR~~ CHARLES J. STUDNICK
NAME ~~BASTIEN, CARL J.~~ 4041 EDGEWOOD PL
STREET ADDRESS 5510 POLK ST
CITY-ST-ZIP HOLLYWOOD FL 33021 Coconut Creek FL 33066TITLE ~~FRANCIS J CALABRO~~
NAME 6341 LEE ST
STREET ADDRESS HOLLYWOOD FL 33024
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MANAGER, ☐ Change ☐ Addition
1.2 NAME NEWMAN, BERNARD A.
1.3 STREET ADDRESS 2350 CHESTNUT COURT
1.4 CITY-ST-ZIP PEMBROKE PINES FL 330262.1 TITLE DIRECTOR, ☐ Change ☐ Addition
2.2 NAME RUSSO, FRANCIS V.
2.3 STREET ADDRESS 2110 N.E. 10TH TERRACE
2.4 CITY-ST-ZIP POMPAHO BEACH FL 330643.1 TITLE DIRECTOR, ☐ Change ☐ Addition
3.2 NAME CALABRO, FRANCIS J.
3.3 STREET ADDRESS 6341 LEE ST.
3.4 CITY-ST-ZIP HOLLYWOOD FL 330244.1 TITLE DIRECTOR, ☐ Change ☐ Addition
4.2 NAME STUDNICK, CHARLES J.
4.3 STREET ADDRESS 4041 EDGEWOOD PL.
4.4 CITY-ST-ZIP COCONUT CREEK FL 330665.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNARD NEWMAN 1/23/97 (954) 431-7074
Date Daytime Phone # 0021471

CR2E037 (9/96)