

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **758561** (5)

1. Corporation Name

**DISABLED AMERICAN VETERANS, SOUTH BROWARD COUNTY  
CHAPTER 41, INCORPORATED**

Principal Place of Business

Mailing Address

**2118 SCOTT ST.  
HOLLYWOOD FL 33020-2309**

**2118 SCOTT ST.  
HOLLYWOOD FL 33020 - 2309  
US**



3. Date Incorporated or Qualified

**05/28/1981**

4. FEI Number

**59-1156372**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

**25**

**29** **Broward**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANCHINA, JOSEPH S.  
1750 JEFFERSON ST.  
APT #208  
HOLLYWOOD FL 33020**

**81 Name**  
**PEARSON, WILLIAM A. MANAGER**  
**82 Street Address (P.O. Box Number Is Not Acceptable)**  
**4311 MCKINLEY ST.**  
**83**  
**84 City** **HOLLYWOOD** **FL** **85 Zip Code** **33021**

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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William A. Pearson* **WILLIAM A. PEARSON**

**MARCH 8 1998**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>M</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>NEWMAN, BERNARD A</b>       |  |
| STREET ADDRESS | <b>2350 CHESTNUT CT</b>        |  |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL 33026</b> |  |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RUSSO, FRANCIS V.</b>       |  |
| STREET ADDRESS | <b>2110 NE 10TH TERR</b>       |  |
| CITY-ST-ZIP    | <b>POMPANO BCH FL 33064</b>    |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>CALABRO, FRANCIS J.</b>     |  |
| STREET ADDRESS | <b>6341 LEE ST.</b>            |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33024</b>      |  |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>STUDNICK, CHARLES J.</b>    |  |
| STREET ADDRESS | <b>4041 EDGEWOOD PL.</b>       |  |
| CITY-ST-ZIP    | <b>COCONUT CREEK FL 33066</b>  |  |
| TITLE          |                                | <input type="checkbox"/> DELETE            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> DELETE            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

|                    |                                  |  |
|--------------------|----------------------------------|--|
| 1.1 TITLE          | <b>MANAGER</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>PEARSON, WILLIAM A.</b>       |  |
| 1.3 STREET ADDRESS | <b>4311 MCKINLEY ST</b>          |  |
| 1.4 CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>        |  |
| 2.1 TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>KOMEN KOMANIECKI, MAX</b>     |  |
| 2.3 STREET ADDRESS | <b>4717 ARTHUR ST</b>            |  |
| 2.4 CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>        |  |
| 3.1 TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>JOHANSKY, RUDOLPH</b>         |  |
| 3.3 STREET ADDRESS | <b>300 S. LUNA COURT</b>         |  |
| 3.4 CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>        |  |
| 4.1 TITLE          | <b>DIRECTOR</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>CARVALHAIS, ANTONIO</b>       |  |
| 4.3 STREET ADDRESS | <b>APT 102 S. CRESCENT DRIVE</b> |  |
| 4.4 CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>        |  |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                  |  |
| 6.3 STREET ADDRESS |                                  |  |
| 6.4 CITY-ST-ZIP    |                                  |  |

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.

SIGNATURE *William A. Pearson* **WILLIAM A. PEARSON** 3/8/98 (954) 987-4502

CR2E037 (10/97)