2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ALAM C. BEHRMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # 758561** 1. Entity Name 04-20-2004 90014 026 ****61.25 DISABLED AMERICAN VETERANS, SOUTH BROWARD COUNTYCHAPTER 41, INCORPORATED Principal Place of Business Mailing Address 2653 BACCARAT DR COOPER CITY FL 33026 2653 BACCARAT DR COOPER CITY FL 33026 3. Mailing Address 2. Principal Place of Business 2118 SCOTT STREET Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1156372 OLLYWOOD PLL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired BROWARD agawon 020 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLUM, ROBERT E II Street Address (P.O. Box Number is Not Acceptable) 2653 BACCARAT DR COOPER CITY FL 33026 City Zip Code 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** (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete TITLE ☐ Change Addition COLLUM, ROBERT E II NAME NAME 2653 BACCARAT DR STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY-ST-7kP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE KOMANIECKI, MAX NAME NAME 4717 ARTHUR ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CALABRO, FRANCIS J. NAME NAME 6341 LEE ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BEHRMAN, ALAN C NAME NAME 4966 SW 33RD TERRACE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITI F JOHANSKY, RUDOLPH NAME NAME 300 S LUNA COURT STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED