

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 758561</b>					
1. Entity Name DISABLED AMERICAN VETERANS, SOUTH BROWARD COUNTY CHAPTER 41, INCORPORATED					
Principal Place of Business 2118 SCOTT ST HOLLYWOOD FL 33020		Mailing Address 2118 SCOTT ST HOLLYWOOD FL 33020			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-1156372</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  COLLUM, ROBERT E II 2653 BACCARAT DR COOPER CITY FL 33026			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code <b>FL</b>		
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 <i>Robert E Collum II</i>		DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLUM, ROBERT E II	NAME	U00000241136 02/24/05-80027-020 61.25		
STREET ADDRESS	2653 BACCARAT DR	STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33026	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOMANIECKI, MAX	NAME			
STREET ADDRESS	4717 ARTHUR ST	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALABRO, FRANCIS J.	NAME			
STREET ADDRESS	6341 LEE ST.	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHRMAN, ALAN C	NAME			
STREET ADDRESS	4966 SW 33RD TERRACE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHANSKY, RUDOLPH	NAME			
STREET ADDRESS	300 S LUNA COURT	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E037 (10/04)

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:** *Robert E Collum II* 2/19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #