

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758561

FILED  
Jan 08, 2006  
Secretary of State

**Entity Name:** DISABLED AMERICAN VETERANS, SOUTH BROWARD COUNTYCHAPTER 41, INCORPORATED

**Current Principal Place of Business:**

2118 SCOTT ST  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2118 SCOTT ST  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 51-0184195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUE, JERE E  
3247 JOHNSON STREET  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: M ( ) Delete  
Name: BLUE, JERE E  
Address: 3247 JOHNSON STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: KOMANIECKI, MAX  
Address: 4717 ARTHUR ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: CALABRO, FRANCIS J.  
Address: 6341 LEE ST.  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: BEHRMAN, ALAN C  
Address: 4966 SW 33RD TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: JOHANSKY, RUDOLPH  
Address: 300 S LUNA COURT  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HARRIS, RICHARD  
Address: 3062 NW 46 ST  
City-St-Zip: TAMARAC, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERE E BLUE

M

01/08/2006

Electronic Signature of Signing Officer or Director

Date