

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-28-2007 90016 031 ****70.00

00000107



1st MOORE CR2E037 (10/06)

DOCUMENT # 758561 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 51-0184195		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUE, JERE E 3247 JOHNSON STREET HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u>JERE E BLUE</u> <i>Jere E. Blue</i> <u>3/7/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-registering) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	M COMMANDER <input type="checkbox"/> Delete BLUE, JERE E 3247 JOHNSON STREET HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MEMBERSHIP CHAIRMAN GERALDINE HUGHES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4910 SW 32ND AVE FORT LAUDERDALE, FL 33312-6985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOMANECKI, MAX DECEASED 4717 ARTHUR ST HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES NATEL'S SENIOR VICE COMMANDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 3392 HALLANDALE FLA 33008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNIOR VICE COMMANDER <input checked="" type="checkbox"/> Delete CALABRO, FRANCIS J. 6341 LEE ST. HOLLYWOOD FL 33024 LEAVE ON	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLEN L GOODSTEIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 ASHBURY RD APT 303 HOLLYWOOD, FL 33024 ADJUTANT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BEHRMAN, ALAN C DECEASED 4966 SW 33RD TERRACE FORT LAUDERDALE FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD W. GULLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7805 SW 73RD TAMARAC FL 33324 DELETE REMOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HARRIS, RICHARD MOVED 3062 NW 46 ST TAMARAC FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL C. VOLTA TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 410 GOLDEN ISLES DRIVE APT 308 HALLANDALE BEACH FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Jere E. Blue</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/7/07 954-249 1571	



DISABLED AMERICAN VETERANS

Building Better Lives for America's Disabled Veterans



ATTACHMENT OFFICER REPORT

(Please Type or Print)

CHAPTER OR DEPARTMENT FLORIDA 66008434

LOCATION - CITY Hollywood # 75861 STATE FL

DATE OF ANNUAL ELECTION JUNE JUNE DATE OF INSTALLATION 2006

ADDRESS OF REGULAR MEETINGS 2118 SCOTT ST. Hollywood, FL 33020

TIME & DAY OF REGULAR MEETINGS 12:00 1 SATURDAY 1 3rd WEEK OF MONTH

WEB SITE ADDRESS: _____ CHAPTER PHONE: 954-457-1944

OFFICERS ELECTED FOR YEAR BEGINNING: 7/1/06 IDING 6/30/07

COMMANDER

NAME SERE E BLUE

MAILING ADDRESS 3247 JOHNSON STREET

CITY/STATE/ZIP Hollywood, FL 33021

MEMBER CODE # 120 TEL ()

EMAIL _____ FAX _____

SR. VICE COMMANDER

NAME JAMES NATELLI

MAILING ADDRESS P.O. Box 3392

CITY/STATE/ZIP HALLANDALE, FL 33008

MEMBER CODE # _____ TEL ()

EMAIL _____ FAX _____

1ST JR. VICE COMMANDER

NAME FRANCIS J CALABRO

MAILING ADDRESS 6341 LEE STREET

CITY/STATE/ZIP Hollywood, FL 33024

MEMBER CODE # _____ TEL ()

EMAIL _____ FAX _____

ADJUTANT

NAME ALLEN L. GOODSTEIN

MAILING ADDRESS 200 ASHBURY RD APT 303

CITY/STATE/ZIP Hollywood, FL 33024

MEMBER CODE # _____ TEL ()

EMAIL _____ FAX _____

TREASURER

NAME DANIEL C. VOLA

MAILING ADDRESS 410 GOLDEN ISLES DRIVE APT 308

CITY/STATE/ZIP HALLANDALE BEACH, FL 33009

MEMBER CODE # _____ TEL ()

EMAIL _____ FAX _____

LEGISLATIVE CHAIRMAN

NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

MEMBER CODE # _____ TEL ()

EMAIL _____ FAX _____

MEMBERSHIP CHAIRMAN

NAME GERALDINE HUGHES

MAILING ADDRESS 4910 SW 32nd AVENUE

CITY/STATE/ZIP FORT LAUDERDALE, FL

MEMBER CODE # 33312-6985 TEL ()

EMAIL _____ FAX _____

SERVICE OFFICER

NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

MEMBER CODE # _____ TEL ()

EMAIL _____ FAX _____

OFFICER AUTHORIZED TO RECEIVE MAIL

NAME DANIEL C. VOLA

OFFICE HELD TREASURER

ADDRESS 410 GOLDEN ISLES DRIVE APT 308

CITY/STATE/ZIP HALLANDALE BEACH, FL

33009-7531 FAX

EMAIL _____

THE PRECEDING NAMES AND POSITIONS ARE HEREBY CERTIFIED.

(FORM MUST BE CERTIFIED BY THE NEW COMMANDER & ADJUTANT)

SIGNED BY COMMANDER [Signature] DATE 7/3/06

SIGNED BY ADJUTANT _____ DATE _____

THIS FORM MUST BE COMPLETED AND RETURNED TO NATIONAL HEADQUARTERS WITHIN 10 DAYS AFTER INSTALLATION IN COMPLIANCE WITH ART. 8, SEC. 8.3, ART. 9, SEC. 9.2 AND ART. 10, SEC. 10.2, OF THE DAV NATIONAL BYLAWS.

TOLL FREE: 888-236-8313 • FAX: 1-859-442-2088 • www.dav.org • EMAIL: membershipinfo@davmail.org