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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758778 (5)

1. Corporation Name

ANTHONY P. DADDI DISABLED AMERICAN VETERANS, CHAPTER 119, INC.

Principal Place of Business

Mailing Address

4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066

4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066



3. Date Incorporated or Qualified

06/15/1981

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

at 1

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OREFICE, FRANK J.
4071 NORTHWEST 5TH STREET
COCONUT CREEK FL 33066

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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 MS ☐ DELETE
NAME OREFICE, FRANK
STREET ADDRESS 4071 NW 5 ST.
CITY-ST-ZIP COCONUT CREEK FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EPNER, MILTON
STREET ADDRESS 1820 SW 81ST AVENUE
CITY-ST-ZIP NORTH LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GREENBERG, IRVING
STREET ADDRESS 5540C LAKEWOOD CIR
CITY-ST-ZIP MARGATE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FELDSTEIN, MARTIN
STREET ADDRESS 7326 FAIRFAX DRIVE
CITY-ST-ZIP TAMARAC FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME FELDSTEIN, MARTIN
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME ROSEN, ABRAHAM
STREET ADDRESS 3833 CARAMBOLA AVE.
CITY-ST-ZIP COCONUT CREEK FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME RODES, DOUGLAS
STREET ADDRESS 18800 GRABO TR
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 18800 GRABO TERR. #6
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)