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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33066-1811**



3. Date Incorporated or Qualified
06/15/1981

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

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

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

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

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

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

TITLE **P** ☒ DELETE
NAME **RODES, DOUGLAS**
STREET ADDRESS **18800 GARBO TERRACE 6**
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **P TOOLEY, FRANK**
4.3 STREET ADDRESS **4411 COCONUT CREEK BLVD**
4.4 CITY-ST-ZIP **COCONUT CREEK, FL 33066**

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **T**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

Frank J. Orefice **FRANK J. OREFICE**

1/20/97 954-974-0373

CR2E037 (9/96)