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Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



3. Date Incorporated or Qualified

**06/15/1981**

4. FEI Number

**59-2598766**

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

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

85 Zip Code

**FL**

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

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

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

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **TOOLEY, FRANK**  
CITY-ST-ZIP **4411 COCONUT CREEK BLVD  
COCONUT CREEK FL**

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

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

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 **D**  
2.3 STREET ADDRESS **LIPSCUTZ, CHARLES**  
2.4 CITY-ST-ZIP **18801 GARBO TERR. #4  
BOCA RATON, FLA. 33496**

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

14. 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 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: **OREFICE, FRANK J.**

**1/3/98 (954) 974-0373**

CR2E037 (10/97)