


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90029 047 ****61.25

DOCUMENT # 758778	
1. Entity Name ANTHONY P. DADDI DISABLED AMERICAN VETERANS, CHAPTER 119, INC.	

Principal Place of Business 4071 NORTHWEST 5TH STREET COCONUT CREEK FL 33066	Mailing Address 4071 NORTHWEST 5TH STREET COCONUT CREEK FL 33066
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2598766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OREFICE, FRANK J. 4071 NORTHWEST 5TH STREET COCONUT CREEK FL 33066	
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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 MS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OREFICE, FRANK		NAME	
STREET ADDRESS 4071 NW 5 ST.		STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GENTRY, STANLEY		NAME	
STREET ADDRESS 2204 SEAGRAPE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL 33066		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERROTTI, CALVIN		NAME	
STREET ADDRESS 340 SW 69TH AVE		STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33066		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOOLEY, FRANK		NAME	
STREET ADDRESS 4411 COCONUT CREEK BLVD		STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTIE, GARY J		NAME	
STREET ADDRESS 2011 NW 70TH LANE		STREET ADDRESS	
CITY-ST-ZIP MARGATE FL 33063		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODES, DOUGLAS		NAME	
STREET ADDRESS 18800 GARBO TERRACE 6		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR