FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:06

DOCUMENT # 759988 (9)

1. Corporation Name

NEW SMYRNA BEACH DISABLED AMERICAN VETERANS CHAPTER 53, INC.

Principal Place of Business	Mailing Address
2005 LAKE DR. P.O.BOX 722 NEW SMYRNA BEACH FL 32170-7722	2005 LAKE DR. P.O.BOX 722 NEW SMYRNA BEACH FL 32170-7722

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2001375 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ ~~$8.75 Additional~~ Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ ~~$6.00 May Be~~ Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 D. A. V. # 53
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P. O. Box 722
City & State 23	City & State 28 New Smyrna Bch., FL 32170
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONNELL, EUGENE D. (NO CHANGE)
2005 LAKE DR
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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. NEW ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE PD	I MARTIN, WILLIAM C. ☑ Change ☐ Addition
NAME	SAXON, STANLEY L.	12 NAME	2928 NORDMAN AVE
STREET ADDRESS	819 E. 16TH AVE	13 STREET ADDRESS	NEW SMYRNA BEACH FL. 32168
CITY-ST-ZIP	NEW SMYRNA BEACH FL	14 CITY-ST-ZIP	COMMANDER
TITLE	V	21 TITLE V	TKACH, EDWARD L ☑ Change ☐ Addition
NAME	MARTIN, WILLIAM C.	22 NAME D	404 VILLAGE CT
STREET ADDRESS	2928 NORDMAN AVE	23 STREET ADDRESS	EDGEWATER, FL 32132
CITY-ST-ZIP	NEW SMYRNA BEACH FL	24 CITY-ST-ZIP	SENIOR VICE
TITLE	V	31 TITLE V	KING, WILLIAM ☑ Change ☐ Addition
NAME	TKACH, EDWARD L.	32 NAME D	422 SANDPIPER CT
STREET ADDRESS	404 VILLAGE CT	33 STREET ADDRESS	EDGEWATER, FL 32141
CITY-ST-ZIP	EDGEWATER FL	34 CITY-ST-ZIP	1ST JR. VICE
TITLE	V	41 TITLE V	LAURITANO, EMANUEL ☑ Change ☐ Addition
NAME	STRUGIS, HARRY T	42 NAME D	1805 SAXON DRIVE
STREET ADDRESS	216 DE SOTO DR	43 STREET ADDRESS	NEW SMYRNA BEACH FL 32169
CITY-ST-ZIP	NEW SMYRNA BEACH FL	44 CITY-ST-ZIP	2ND JR VICE
TITLE	TD	51 TITLE TD	WALTON FRANCIS L ☐ Change ☐ Addition
NAME	WALTON, FRANCIS L.	52 NAME	97 CEDAR DUNES DRIVE
STREET ADDRESS	97 CEDAR DUNES DRIVE	53 STREET ADDRESS	NEW SMYRNA BEACH FL 32169
CITY-ST-ZIP	NEW SMYRNA BCH. FL	54 CITY-ST-ZIP	TREASURER
TITLE	SD	61 TITLE SD	GOLD, SHELDON H ☑ Change ☐ Addition
NAME	KELSEY, HOLLIS F.	62 NAME	P.O. Box 743
STREET ADDRESS	639 25TH AVE	63 STREET ADDRESS	EDGEWATER FL. 32132
CITY-ST-ZIP	NEW SMYRNA BCH. FL	64 CITY-ST-ZIP	ADJUTANT

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)(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: Sheldon Gold 4/20/95 PRESIDENT-ELECT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director / Officer

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