

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

**P O BOX 53
P.O. BOX 722
NEW SMYRNA BEACH FL 32170
US**

3. Date Incorporated or Qualified
09/11/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2001375

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNELL, EUGENE D.
2005 LAKE DR
NEW SMYRNA BEACH FL 32168**

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 ☐ DELETE
NAME **PD
MARTIN, WILLIAM C**
STREET ADDRESS **2928 NORMAND AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD
TKACH, EDWARD L.**
1.3 STREET ADDRESS **404 VILLAGE CT.**
1.4 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE ☐ DELETE
NAME **VD
TKACH, EDWARD L**
STREET ADDRESS **404 VILLAGE CT**
CITY-ST-ZIP **EDGEWATER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **VD
KING, WILLIAM**
2.3 STREET ADDRESS **422 SANDPIPER CT.**
2.4 CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ DELETE
NAME **VD
KING, WILLIAM**
STREET ADDRESS **422 SANDPIPER CT**
CITY-ST-ZIP **EDGEWATER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **VD
LAURITANO, EMANUEL**
3.3 STREET ADDRESS **1805 SAXON DR.**
3.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE
NAME **VD
LAURITANO, EMANUEL**
STREET ADDRESS **1805 SAXON DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VD
SAXON, STANLEY J.**
4.3 STREET ADDRESS **819 E. 16TH AVE**
4.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE
NAME **TD
WALTON, FRANCIS L**
STREET ADDRESS **97 CEDAR DUNES DR**
CITY-ST-ZIP **NEW SMYRNA BCH. FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **TD
WALTON, FRANCIS L.**
5.3 STREET ADDRESS **97 CEDAR DUNES DRIVE**
5.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE
NAME **SD
GOLD, SHELDON H**
STREET ADDRESS **P O BOX 743**
CITY-ST-ZIP **EDGEWATER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **SD
GOLD, SHELDON H.**
6.3 STREET ADDRESS **P.O. BOX 743**
6.4 CITY-ST-ZIP **EDGEWATER FL 32132**

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:

Francis L Walton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19 1996

Date

904-427-1480

Daytime Phone #

CR2E037 (12/95)