


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



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|---|---|
| Principal Place of Business 2005 LAKE DR. P.O. BOX 722 NEW SMYRNA BEACH FL 32170-7722 | Mailing Address P O BOX 53 P.O. BOX 722 NEW SMYRNA BEACH FL 32170-0722 US |
|---|---|

| | |
|---------------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/11/1981 | 3a. Date of Last Report 04/24/1996 |
| 4. FEI Number 59-2001375 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | |
| CONNELL, EUGENE D. 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 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD TKACH, EDWARD L. 404 VILLAGE CT. EDGEWATER FL | 1.1 TITLE | PD KING, WILLIAM 422 SANDPIPER CT EDGEWATER FL |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VD KING, WILLIAM 422 SANDPIPER CT. EDGEWATER FL | 2.1 TITLE | VD LAURITANO, EMANUEL 1805 SAXON DRIVE NEW SMYRNA BCH FL |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VD LAURITANO, EMANUEL 1805 SAXON DRIVE NEW SMYRNA BEACH FL | 3.1 TITLE | VD KELSEY, HOLLIS 839-25TH AVE NEW SMYRNA BCH FL |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | VD SAXON, STANLEY J. 819 E 16TH AVENUE NEW SMYRNA BEACH FL | 4.1 TITLE | VD SAME - NO CHANGE |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | TD WALTON, FRANCIS L. 97 CEDAR DUNES DRIVE NEW SMYRNA BEACH FL | 5.1 TITLE | TD SAME - NO CHANGE |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | SD GOLD, SHELDON H. P. O. BOX 743 EDGEWATER FL | 6.1 TITLE | SD SAME - NO CHANGE |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Francis L. Walton **REQUIRED** Apr 23, 1997 904-427-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003231

CR2E037 (9/96)