


FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759988** (9)

1. Corporation Name

**NEW SMYRNA BEACH DISABLED AMERICAN VETERANS CHAPTER 53, INC.**



Principal Place of Business <b>2005 LAKE DR. P.O. BOX 722 NEW SMYRNA BEACH FL 32170-7722</b>	Mailing Address <b>P O BOX 53 P.O. BOX 722 NEW SMYRNA BEACH FL 32170 US</b>
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3. Date Incorporated or Qualified <b>09/11/1981</b>	4. FEI Number <b>59-2001375</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CONNELL, EUGENE D. 2005 LAKE DR NEW SMYRNA BEACH FL 32168</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>SAXON, STANLEY J</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>819 E. 16TH AVE</b> <b>83</b> <b>NEW SMYRNA BEACH FL 32169</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 *Stanley J. Saxon* (NOTE: Registered Agent signature required when reinstating) DATE **APR 22 1998**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KING, WILLIAM</b> <b>422 SANDPIPER CT</b> <b>EDGEWATER FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LAURITANO, EMANUEL</b> <b>1805 SAXON DRIVE</b> <b>NEW SMYRNA BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KESLEY, HOLLIS</b> <b>839 25TH AVE</b> <b>NEW SMYRNA BEACH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SAXON, STANLEY J.</b> <b>819 E 16TH AVENUE</b> <b>NEW SMYRNA BEACH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WALTON, FRANCIS L.</b> <b>97 CEDAR DUNES DRIVE</b> <b>NEW SMYRNA BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GOLD, SHELDON H.</b> <b>1870 AIR PARK ROAD</b> <b>EDGEWATER FL 32141</b> <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>LAURITANO, EMANUEL</b> <b>1805 SAXON DRIVE</b> <b>NEW SMYRNA BEACH FL 32169</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b> <b>KELLAT, JOHN P</b> <b>2648 EDGEWATER AVE</b> <b>NEW SMYRNA BEACH FL 32168</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b> <b>DONALD R. HELMS</b> <b>443 BOUCHELLE DRIVE #302</b> <b>NEW SMYRNA BEACH FL 32169</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b> <b>LETOURNEAU, JOSEPH R</b> <b>2928 PINE TREE DRIVE</b> <b>EDGEWATER FL 32141</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD</b> <b>WALTON, FRANCIS L.</b> <b>97 CEDAR DUNES DRIVE</b> <b>NEW SMYRNA BEACH FL 32169</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>GOLD, SHELDON H.</b> <b>1870 AIR PARK ROAD</b> <b>EDGEWATER FL 32141</b>

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 *Stanley J. Saxon* DATE **APR 22 1998** 904 427-1480

CR2E037 (10/97)