

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763872 (9)

1. Corporation Name

BRADEN RIVER CHAPTER 99, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

Mailing Address

VETERANS, INC./ % P. ALLEN SCHOFIELD
1429 FLAMINGO BLVD., SUITE 300
BRADENTON FL 34207-4614

VETERANS, INC./ % P. ALLEN SCHOFIELD
1429 FLAMINGO BLVD., SUITE 300
BRADENTON FL 34207-4614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1982

3a. Date of Last Report

03/08/1994

4. FEI Number

31-1024008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZER, CHARLES
5409 79 AVENUE E
PALMETTO FL 34221

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PITTMAN, LESTER
STREET ADDRESS 5400 39TH ST E
CITY - ST - ZIP BRADENTON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VP
NAME KATZER, CHARLES
STREET ADDRESS 6107 79 AVE E
CITY - ST - ZIP PALMETTO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME MEDAUGH, TOM
STREET ADDRESS BOX 68 5310 W 14ST
CITY - ST - ZIP BRADENTON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SDV
NAME CHUPPS, JOSEPH
STREET ADDRESS LOT F6 33TH 33 AVE
CITY - ST - ZIP BRADENTON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHOFIELD, P. ALLEN
STREET ADDRESS 1429 FLAMINGO BL #300
CITY - ST - ZIP BRADENTON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME HUNT, HENRY
STREET ADDRESS 5316 53RD AVE E J-6
CITY - ST - ZIP BRADENTON FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 PJB 7-22-95