

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 # 763872 (9)

1. Corporation Name

BRADEN RIVER CHAPTER 99, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified  
06/23/1982

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

9. Name and Address of Current Registered Agent

KATZER, CHARLES  
5409 79 AVENUE E  
PALMETTO FL 34221

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 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

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

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

TITLE VD  
NAME NIXON, QUINCY  
STREET ADDRESS 1204 N 11 AVE  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

TITLE SD  
NAME HOARD, FRANK  
STREET ADDRESS 2619 19 ST  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

941 722-8541

Date

Daytime Phone

CR2E037 (12/95)