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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34207-4697

3. Date Incorporated or Qualified

06/23/1982

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **10915 State Rd 70 East**

26 **P.O. Box 1095**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Bradenton, Florida**

28 **Oneco, FL**

Zip

Country

Zip

Country

24 **Manatee**

29 **34264**

30 **Manatee**

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

Henry Hunt

82 Street Address (P.O. Box Number is Not Acceptable)

5316 53rd Ave. E. Lot J6

83

84 City

Bradenton,

FL

85 Zip Code

34203

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 of officer or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Henry J. Hunt **March 6 1997**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PITTMAN, LESTER	
STREET ADDRESS	5400 39TH ST E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KATZER, CHARLES	
STREET ADDRESS	6107 79 AVE E	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NIXON, QUINCY	
STREET ADDRESS	1204 N 11 AVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOARD, FRANK	
STREET ADDRESS	2619 19 ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOFIELD, P. ALLEN	
STREET ADDRESS	1429 FLAMINGO BL #300	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, HENRY	
STREET ADDRESS	5316 53RD AVE E J-6	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marcelleno Formica	
1.3 STREET ADDRESS	3322 Vivienda Blvd.	
1.4 CITY-ST-ZIP	Bradenton Fl. 34207	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank Hoard	
2.3 STREET ADDRESS	2619 19th. St.	
2.4 CITY-ST-ZIP	Sarasota Fl. 34234	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Quincy Nixon	
3.3 STREET ADDRESS	1204 40th. Ave. W.	
3.4 CITY-ST-ZIP	Bradenton Fl. 34205	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	George Corkwell	
4.3 STREET ADDRESS	1800/800 75 Eagle Cir.	
4.4 CITY-ST-ZIP	Palmetto Fl. 34222	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lewis Knowlton	
5.3 STREET ADDRESS	2517 10th. Ave. Dr.E.	
5.4 CITY-ST-ZIP	Bradenton Fl. 34208	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Hunt, Treasurer

Date

Telephone Phone # **0061711**

CR2E037 (9/96)