

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>10915 STATE RD 70 EAST 1429 FLAMINGO BLVD., SUITE 300 BRADENTON FL 34207-4614 US</b>	Mailing Address <b>PO BOX 1095 1429 FLAMINGO BLVD., SUITE 300 ONECO FL 34264 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/23/1982</b>	4. FEI Number <b>31-1024008</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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>HENRY HUNT 5316 53RD AVE E LOT J6 BRADENTON FL 34203</b>	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
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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 Frank Hoard DATE 1/26/98  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCELLENO FORMICA 3322 VIVIENDA BLVD BRADENTON FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>FRANK HOARD 2916 19th St SARASOTA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK HOARD 2916 19TH ST SARASOTA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>VP GEORGE CORKWELL 75 EAGLE CIR PALMETTO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIXON, QUINCY 1204 40TH AVE W BRADENTON FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>SD LEWIS KNOWLTON 2517 10th Ave Dr. BRADENTON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGE CORKWELL 75 EAGLE CIR PALMETTO FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <b>D J. JOSEPH H. CHUPP 1204 40th Ave W. BRADENTON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS KNOWLTON 2517 10TH AVE DR E BRADENTON FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <b>D QUINCY NIXON 1204 40th Ave W BRADENTON FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, HENRY 5316 53RD AVE E J-6 BRADENTON FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <b>D HENRY HUNT 5316 53RD AVE E J-6 BRADENTON FL</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: Frank Hoard **SIGNATURE REQUIRED**

CR2E037 (10/97)