FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:06

DOCUMENT # **763934** **(7)**

1. Corporation Name

CHAPTER #56, DISABLED AMERICAN VETERANS, DEPARTM ENT OF FLORIDA INCORPORATED

Principal Place of Business	Mailing Address
POST OFFICE BOX 61 PALATKA FL 32178	POST OFFICE BOX 61 PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1982
3a. Date of Last Report: 11/14/1994
4. FEI Number: 64-1600684 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

~~BARRY, RICHARD G~~
~~RT 2 BOX 2734~~
~~PALATKA FL 32177~~
Resigned March 20, 1995

10. Name and Address of New Registered Agent

81 Name: RICHARD I. WINFIELD
82 Street Address (P.O. Box Number is Not Acceptable): 334 W. KEUKA LAKE
83
84 City: INTERLACHEN FL 85 Zip Code: 32148

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: Richard I. Winfield — 4/3/95
Signature, and if printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	SWERSKI, SYLVESTER	12 NAME	
STREET ADDRESS	147 SW 56 AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	14 CITY-ST-ZIP	
TITLE	PDC	21 TITLE	☐ Change ☐ Addition
NAME	NAGEL, JACK	22 NAME	
STREET ADDRESS	315 N. 5TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	24 CITY-ST-ZIP	
TITLE	SVDC	31 TITLE	☐ Change ☐ Addition
NAME	GALLO, VITO J	32 NAME	
STREET ADDRESS	3408 PALM AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	34 CITY-ST-ZIP	
TITLE	DA	41 TITLE	☐ Change ☐ Addition
NAME	BARRY, RICHARD G	42 NAME	
STREET ADDRESS	RT 2 BOX 2734	43 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	~~WINFIELD, RICHARD~~ WINFIELD RICHARD	52 NAME	
STREET ADDRESS	344 W. KEUKA LAKE 334 KEUKA LAKE	53 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Sylvester Swerski Sylvester Swerski COMM 3-24-95 904-684-4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004484