

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

06/28/1982

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

64-1600684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

WINFIELD, RICHARD I
334 W KEUKA LAKE
INTERLACHEN FL 32148

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 *Richard I. Winfield*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Richard I. Winfield 1/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SWERSKI, SYLVESTER	
STREET ADDRESS	147 SW 56 AVE.	
CITY - ST - ZIP	INTERLACHEN FL	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	NAGEL, JACK	
STREET ADDRESS	315 N. 5TH ST.	
CITY - ST - ZIP	PALATKA FL	
TITLE	SVDC	<input type="checkbox"/> DELETE
NAME	GALLO, VITO J	
STREET ADDRESS	3406 PALM AVE.	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	BARRY, RICHARD G	
STREET ADDRESS	RT 2 BOX 2734	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WINFIELD, RICHARD	
STREET ADDRESS	334 KEUKA LAKE	
CITY - ST - ZIP	INTERLACHEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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: *Swerski, Sylvester*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvester Swerski

Date

904-684-4219

Daytime Phone

CR2E037 (12/95)