


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763934 (7)
1. Corporation Name
**CHAPTER #56, DISABLED AMERICAN VETERANS, DEPARTM
ENT OF FLORIDA INCORPORATED**



Principal Place of Business POST OFFICE BOX 61 PALATKA FL 32178	Mailing Address POST OFFICE BOX 61 PALATKA FL 32178-0061
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/28/1982	3a. Date of Last Report 02/05/1996
4. FEI Number 64-1600684		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WINFIELD, RICHARD I 334 W KEUKA LAKE INTERLACHEN FL 32148		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	
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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 _____
Signature, typed or 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DC. Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWERSKI, SYLVESTER		1.2 NAME Leon Register	
STREET ADDRESS 147 SW 56 AVE.		1.3 STREET ADDRESS W. Lakeside Dr	
CITY-ST-ZIP INTERLACHEN FL		1.4 CITY-ST-ZIP Deland FL 32720	
TITLE PDC	<input type="checkbox"/> DELETE	2.1 TITLE SV. DC. Senior Vice Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAGEL, JACK		2.2 NAME Raymond Swift	
STREET ADDRESS 315 N. 5TH ST.		2.3 STREET ADDRESS 134 Roll Green Dr.	
CITY-ST-ZIP PALATKA FL		2.4 CITY-ST-ZIP Interlachen FL 32148	
TITLE SVDC	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLO, VITO J		3.2 NAME Charles Mc. Halpin	
STREET ADDRESS 3406 PALM AVE.		3.3 STREET ADDRESS P.O. Box 328 San Mateo Rd.	
CITY-ST-ZIP PALATKA FL 32177		3.4 CITY-ST-ZIP San Mateo FL 32187	
TITLE DA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PDC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRY, RICHARD G		4.2 NAME Nigel Jack	
STREET ADDRESS RT 2 BOX 2734		4.3 STREET ADDRESS 315 N. 5th St	
CITY-ST-ZIP PALATKA FL 32177		4.4 CITY-ST-ZIP Palatka FL	
TITLE DT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINFIELD, RICHARD		5.2 NAME	
STREET ADDRESS 334 KEUKA LAKE		5.3 STREET ADDRESS	
CITY-ST-ZIP INTERLACHEN FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **4/16/97**

CR2E037 (9/96)