


FILE NOW: FILING FEE IS \$61.25

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Jul 02 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 # **763934** (7)

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



Principal Place of Business <b>POST OFFICE BOX 61 PALATKA FL 32178</b>	Mailing Address <b>POST OFFICE BOX 61 PALATKA FL 32178</b>
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3. Date Incorporated or Qualified <b>06/28/1982</b>
4. FEI Number <b>64-1600684</b>
Applied For <input type="checkbox"/> Not Applicable

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

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>WINFIELD, RICHARD I</b> <b>334 W KEUKA LAKE</b> <b>INTERLACHEN FL 32148</b>	

10. Name and Address of New Registered Agent	
81 Name <b>Chas A. McGaffin</b>	85 Zip Code <b>32187</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 32 SAN MATEO RD</b>	
83 City <b>San Mateo, Fl. 32187</b>	
84 City <b>904-328-9576 FL</b>	

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 *Charles A. McGaffin* *Adji* **5-25-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DC REGISTER, LEON</b>	
STREET ADDRESS <b>W LAKESIDE RD</b>	
CITY-ST-ZIP <b>DELAND FL 32720</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SVDC SWIFT, RAYMOND</b>	
STREET ADDRESS <b>124 BOLL GREEN DR</b>	
CITY-ST-ZIP <b>INTERLACHEN FL</b>	
TITLE <b>DA</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCGAFFIN, CHARLES</b>	
STREET ADDRESS <b>32 SAN MATEO ROAD</b>	
CITY-ST-ZIP <b>SAN MATEO FL 32187</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PDC NAGEL, JACK</b>	
STREET ADDRESS <b>315 N 5TH ST</b>	
CITY-ST-ZIP <b>PALATKA FL 32178</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>LEON REGISTER</b>	
1.3 STREET ADDRESS <b>Same</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>SVDC Sylvester Swierski</b>	
2.3 STREET ADDRESS <b>Hwy 80X168-3</b>	
2.4 CITY-ST-ZIP <b>OLD TOWN FL 32686</b>	
3.1 TITLE <b>DA</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Charles McGaffin</b>	
3.3 STREET ADDRESS <b>32 San MATEO Road</b>	
3.4 CITY-ST-ZIP <b>San Mateo, Fl. 32187</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>JV Carl Holcomb</b>	
4.3 STREET ADDRESS <b>P.O.Box 43 Bostwick Fl.</b>	
4.4 CITY-ST-ZIP <b>32007</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 *Charles A. McGaffin* **CHARLES A MCGAFFIN** **06/28/98**

CR2E037 (10/97)