

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 07 1998 8:00am
Secretary of State

DOCUMENT # 763934

(7)

1. Corporation Name

CHAPTER #56, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA INCORPORATED

Principal Place of Business

Mailing Address

POST OFFICE BOX 61
PALATKA FL 32178

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PALATKA FL 32178

3. Date Incorporated or Qualified

06/28/1982

4. FEI Number

64-1600684

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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 CHARLES MCGAFFIN

82 Street Address (P.O. Box Number is Not Acceptable)

BOX 32 SAN MATEO RD.

83 SAN MATEO FL 32187

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 *Charles M. McGaffin*

(NOTE: Registered Agent signature required when reinstating)

DATE

7-30-98

12. OFFICERS AND DIRECTORS

TITLE DC
NAME REGISTER, LEON
STREET ADDRESS W LAKESIDE RD
CITY-ST-ZIP DELAND FL

☐ DELETE

TITLE SVDC
NAME SWIFT, RAYMOND
STREET ADDRESS 124 BOLL GREEN DR
CITY-ST-ZIP INTERLACHEN FL

☐ DELETE

TITLE DA
NAME MCGAFFIN, CHARLES
STREET ADDRESS 32 SAN MATEO ROAD
CITY-ST-ZIP SAN MATEO FL

☐ DELETE

TITLE PDC
NAME NAGEL, JACK
STREET ADDRESS 315 N 5TH ST
CITY-ST-ZIP PALATKA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 M. McGaffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

325-4711

CR2E037 (5/98)