

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **764914** (8)

1. Corporation Name

**FRANK R. OLIVER, JR. CHAPTER 40 DISABLED AMERICA
N VETERANS, INC.**



Principal Place of Business

**1515 W. SUNRISE BLVD.
FT LAUDERDALE FL 33311-7042**

Mailing Address

**1515 W. SUNRISE BLVD.
FT LAUDERDALE FL 33311-7042**

3. Date Incorporated or Qualified
09/09/1982

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

21 DELETE

2a. Mailing Address

26 169 N.W. 44TH ST.

4. FEI Number
59-0834113

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 STE. 48

5. Certificate of Status Desired

☒ **XX**

**\$8.75 Additional
Fee Required**

City & State

City & State

28 FT. LAUDERDALE, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

29 33309-3923

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GEORGE, RICHARD E
1515 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name

GEORGE, RICHARD E.

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

169 N.W. 44TH ST., STE. 48

83

OAKLAND PARK, FL. 33309-3923

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

Richard E. George
(NOTE: Registered Agent signature required when reinstating)

7/14/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **SACKS, STANLEY S.**
STREET ADDRESS **4040 GALT OCEAN DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VD** ☒ DELETE
NAME **SOHL, WILLIAM L**
STREET ADDRESS **4250 NW 37TH TERR**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **PD** ☒ DELETE
NAME **KNISLEY, WILLIAM B.**
STREET ADDRESS **918 N.E. 14TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VDV** ☐ DELETE
NAME **PERKINS, CHARLES C.**
STREET ADDRESS **8241 NW 47 ST**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **JOHN P. SCHLICHER**
2.3 STREET ADDRESS **4240 N.E. 16TH TERR.**
2.4 CITY-ST-ZIP **OAKLAND PARK, FL 33334**

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

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

5.1 TITLE **VDV** ☐ Change ☒ Addition
5.2 NAME **JAMES CALHOON**
5.3 STREET ADDRESS **5257 N. DIXIE HWY, APT 2**
5.4 CITY-ST-ZIP **OAKLAND PARK, FL. 33334**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Stanley S. Sacks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY S. SACKS

Date

7-15-96

Daytime Phone #

954-563-3962