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May 27, 1999 8:00 am
Secretary of State

05-27-1999 90002 033 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764914

1. Corporation Name

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

Principal Place of Business

1105 N.E. 13 ST
FT LAUDERDALE FL 33304
US

Mailing Address

1105 N.E. 13 ST
FT LAUDERDALE FL 33304
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/09/1982

4. FEI Number

59-0834113

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GEORGE, RICHARD E
1105 N.E. 13 ST
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name

Louis W. Barwick

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

1105 N.E. 13 St.

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33304

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

(NOTE: Registered Agent signature required when reinstating)

5/22/99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME **VDV**
STREET ADDRESS **SCHLICHER, JOHN P**
CITY-ST-ZIP **4240 NE 16TH TERRACE
OAKLAND PARK FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **REKUC, WALTER**
CITY-ST-ZIP **5402 RED CYPRESS LANE
TAMARAC FL**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CALHOON, JAMES R**
CITY-ST-ZIP **5257 N DIXIE HWY
OAKLAND PARK FL**

TITLE ☐ DELETE
NAME **VDV**
STREET ADDRESS **WILKES, ROMAN**
CITY-ST-ZIP **2800 N W 56TH AVE
LAUDERHILL FL**

TITLE ☒ DELETE
NAME **VDV**
STREET ADDRESS **PASTORE, ALBERT A**
CITY-ST-ZIP **4910 N E 1ST TERR
POMPANO BCH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **VDV**
6.3 STREET ADDRESS **Herbert Jacobs**
6.4 CITY-ST-ZIP **P.O. Box 5390
Lighthouse Point, FL 33074**

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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-25-99 954-761-1200

CR2E037 (11/98)

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