


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 764914		
1. Entity Name FRANK R. OLIVER, JR. CHAPTER 40 DISABLED AMERICAN 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	



08252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0834113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGREEDY, LLOYD 1105 N.E. 13 ST FT. LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lloyd J McCreedy*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/28/04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SACKS, STANLEY S. 4040 GALT OCEAN DR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDV SCHLICHER, JOHN P 4240 NE 16TH TERRACE OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REKUC, WALTER 5402 RED CYPRESS LANE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRENZER, REINHOLD 1218 NE 12 ST. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDV ROBINSON, GARRET 835 NW 122ND STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDV MCDERMOTT, THOMAS H 8880 SW 49 CT COOPER CITY, FL 33328

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09/02/04-80001-013 70.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley S. Sacks, Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-25-04 954-761-1200
Date Daytime Phone #