

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 764914

1. Entity Name

FRANK R. OLIVER, JR. CHAPTER 40 DISABLED  
AMERICAN VETERANS, INC.



08 OCT -8 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0834113

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLICHER, JOHN P SECTY  
1105 N.E. 13 ST  
FT. LAUDERDALE FL 33304

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 3, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SACKS, STANLEY S.	
STREET ADDRESS	4040 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VDV	<input checked="" type="checkbox"/> Delete
NAME	SCHLICHER, JOHN P	
STREET ADDRESS	1700 N.E. 52 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VDV	<input type="checkbox"/> Delete
NAME	GREEN, WILLIAM	
STREET ADDRESS	5291 N.E. 19 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KRENZER, REINHOLD	
STREET ADDRESS	1218 NE 12 ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VDV	<input checked="" type="checkbox"/> Delete
NAME	MORSE, PERRY E JR	
STREET ADDRESS	4524 NW 9 AVE. - BLDG 12, #183	
CITY-ST-ZIP	DEERFIELD BEACH FL 33064	
TITLE	VDV	<input type="checkbox"/> Delete
NAME	BARWICK, LOUIS H	
STREET ADDRESS	2311 N.W. 63 TERR	
CITY-ST-ZIP	SUNRISE FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schlicher, John P	
STREET ADDRESS	1700 NE 52 ST	
CITY-ST-ZIP	Ft Lauderdale FL 33334	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence Wenzel	
STREET ADDRESS	6108 SW 18 ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL ROCKOFF	
STREET ADDRESS	POB 030010	
CITY-ST-ZIP	FT LAUDERDALE FL 33303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*[Signature]*

19