2008 NOT-FOR-PROFIT CORPORATION

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DOCUMENT # 764914  1. Entity Name  EDANK B. OLIVER IR CHARTER 40 DISABLED							1 2 mm (2 mm) (2	7.3 2.4	1			
FRANK R. OLIVER, JR. CHAPTER 40 DISABLED AMERICAN VETERANS, INC.							08 OCT -	<b>8</b> AH	8: 1	5		
Principal Place of Business Mailing Address						CREW	JU 197	STAI	E			
1105 N.E. 13 FT LAUDERI US	3 ST DALE FL 33304		1105 N.E. 13 ST FT LAUDERDALE FL 33304 US				, CLAHASSEE, FLORIDA					
2. Principal Place of Business - No P.O. Box #		3. Mail	3. Mailing Address				r IOBIAI	18818 <b>2</b> 1111 BIBIB	i igiti iibii i		BìRN SINN NINN B	.1.1(1) \$1 (1.1)
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City & State		Cit	City & State				4. FEI Number Applied For S9-0834113 Applied For Not Applicable					
Zip	Country	Zip	)	Coun	itry		5. Certificate of	of Status De	sired		\$8.75 Ad Fee Require	
	6. Name and Address of Curre	nt Registere	d Agent				7. Name and	Address of	New Re	egistered .	Agent	
	ULICUED TOUN DISCORY	,		Ĺ	Name			<del></del>				
	HLICHER, JOHN P SECTY 5 N.E. 13 ST				Street Ad	ldress (P.	O. Box Number	r is Not Acc	eptable)	)		
	LAUDERDALE FL 33304			-								
				-	City					FL	Zip Coc	ie
	named entity submits this statement	for the purp	ose of changing its r	egistered	d office or r	registere	d agent, or both	, in the Sta	te of Flo	rida. I am	familiar with	, and accept
the obligat	ions of registered agent.						700	1190	2724	1900	קב	
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	Signature, typed or printed name of registered age	ent and tile il app	xicable. (NOTE:	Registered A	Agent signatur	re required w	hen reinstating)			DATE		
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	Signature, typed of printed name of registered age FILE NOW: FEE IS \$61.25 Due By September 3, 2008	ent and tile if app	9. Election Cam Trust Fund Co	paign Fin	nancing		55.00 May Be			ke Chec	k Payable tment of	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier entity 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 province emprowered 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.

19.

hu SIGNATURE MI