

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 764914

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** FRANK R. OLIVER, JR. CHAPTER 40 DISABLED AMERICAN VETERANS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-0834113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOHN P. SCHLICHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHLICHER, JOHN P  
Address: 1700 NE 52 ST  
City-St-Zip: FT. LAUDERDALE, FL 33334 US

Title: VP ( ) Delete  
Name: WENZEL, LAWRENCE  
Address: 6108 SW 18 ST  
City-St-Zip: MIRAMAR, FL 33023 US

Title: VDV ( ) Delete  
Name: GREEN, WILLIAM  
Address: 5291 N.E. 19 AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: DV ( ) Delete  
Name: KRENZER, REINHOLD  
Address: 1218 NE 12 ST.  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VDV ( ) Delete  
Name: ROCKOFF, AL  
Address: POB 030010  
City-St-Zip: FT. LAUDERDALE, FL 33303 US

Title: VDV ( ) Delete  
Name: BARWICK, LOUIS H  
Address: 2311 N.W. 63 TERR  
City-St-Zip: SUNRISE, FL 33313 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPDV (X) Change ( ) Addition  
Name: WESSEL, WILLIAM  
Address: P.O.BOX 144424  
City-St-Zip: MIAMI, FL 33110-442 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. SCHLICHER

P

10/15/2009

Electronic Signature of Signing Officer or Director

Date