

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764914

**FILED**  
**Feb 16, 2012**  
**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:**

2015 SW 75 ST  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-0834113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDEN, ALBERT H JR.  
2015 SW 75 ST  
GAINESVILLE, FL 32607 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LINDEN, ALBERT H JR.  
Address: 2015 SW 75 ST.  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VP  
Name: MANFRE, ROBERT B  
Address: 1077 SW 26 AVE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: SECT  
Name: RAINWATER, CARLOS L  
Address: 2015 SW 75 ST  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: TREA  
Name: KOVAC, ALEXANDER  
Address: 14510 SW 108 ST  
City-St-Zip: MIAMI, FL 33186 US

I hereby 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 all other like empowered.

SIGNATURE: ALBERT H. LINDEN JR.

P

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date