FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765281 (1)

1. Corporation Name

Beverly Hills Chapter 21
Disabled American Veterans,Department of Florida Incorporated

Principal Place of Business / Mailing Address

9838 Bayview Ave.
Jacksonville,Florida 32208 -1547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1982
3a. Date of Last Report: 02/28/1994

4. FEI Number: 59-6196586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

Sheppard,E.C.
9838 Bayview Ave.
Jacksonville,Fl.32208

10. Name and Address of New Registered Agent

01 Name: Jackie R.Schoonover
02 Street Address (P.O. Box Number is Not Acceptable): 5617 N.Pearl St.
03
04 City: Jacksonville FL 05 Zip Code: 32208

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I hereby accept the appointment as registered agent, as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jackie R. Schoonover COMMANDER 4-28-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Jackie R.Schoonover 5617 N.Pearl St. Jacksonville,Fl.32208	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	200001425842 -05/12/95--01055--015 *****70.00 *****70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Royal,Jacob 621 Bird Rd. Jacksonville,Fl.32218	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J/V Wheeler,Robert F. 10458 Lem Turner Rd. Jacksonville,Fl.32218	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Sheppard,E.C. 875 Cornwallis Dr. Jacksonville,Fl.32208 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A/D/D Dubberly,Thurman G. 1433 Junior Rd. Jacksonville,Fl.32218	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition Duane Hibner Rt.2 Box 395 B Hilliard,Fl.32046
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Robert D.Winslow 10187 Beam St. Jacksonville,Fl.32218	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jackie R. Schoonover JACKIE R. SCHOONOVER 4/28/95 904-768-7593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #