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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765281**

(1)

1. Corporation Name

**BEVERLY HILLS, CHAPTER 21, DISABLED AMERICAN VET
ERANS, DEPARTMENT OF FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**9838 BAYVIEW AVENUE
JACKSONVILLE FL 32208-1547**

**9838 BAYVIEW AVENUE
JACKSONVILLE FL 32208-1547**

3. Date Incorporated or Qualified
10/04/1982

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHOONOVER, JACKIE R.
5617 N. PEARL ST.
JACKSONVILLE FL 32208**

81 Name **EUGENE SHAW**

82 Street Address (P.O. Box Number is Not Acceptable)
218 KIRK RD

83

84 City **JACKSONVILLE**

FL

85 Zip Code
32218

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Such change was 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 617.0503, Florida Statutes.

SIGNATURE *Eugene Shaw* **EUGENE SHAW**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-28-97

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SCHOONOVER, JACKIE R.	
STREET ADDRESS	5617 N. PEARL STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32208	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROYAL, JACOB	
STREET ADDRESS	621 BIRD ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32218	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHEPPARD, E.C.	
STREET ADDRESS	875 CORNWALLIS DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIBNER, DUANE	
STREET ADDRESS	RT. 2 BOX 395-B	
CITY - ST - ZIP	HILLIARD FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WINSLOW, ROBERT D., SR.	
STREET ADDRESS	10187 BEAM STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32218	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EUGENE SHAW	
1.3 STREET ADDRESS	218 KIRK RD.	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32218	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	T/A/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAN PAUL	
3.3 STREET ADDRESS	RT 5 BOX 9498	
3.4 CITY - ST - ZIP	HILLIARD, FL 32046	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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: *Eugene Shaw* **EUGENE SHAW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006118

4-28-97

CR2E037 (9/96)