2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2004 8:00 am Secretary of State **DOCUMENT # 765743** 03-10-2004 90030 043 ****61.25 1. Entity Name ORANGE PARK CHAPTER 38, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED Mailing Address 94027458 470 MADEIRA DR ORANGE PARK FL 32073 470 MADEIRA DR ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) . . Applied For City & State City & State, 4. FEI Number NO-T APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -NAGY, JULES 380 AQUARIUS CONCOURSE -ORANGE PARK FL-32073 City DRANGE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or honted name of registered a (NOTE: Registered Agent signatu FILE NOW: FEE IS \$61.25 9. Election/Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DARLENE WALKER Delate TITLE TITLE NAGY, JULES NAME NAME 2640 HOLLY POINT ROAD W 380 ADIMRIOUS CT STREET ADORESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP ÇITY-ST-ZIP TITLE Delete TITLE ☐ Addition HOLLERS, ALLAN J NAME MAME 227 BLAIRMORE BLVD. STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY - ST-ZIP CDY-ST-7IP Delete ☐ Addition TITLE TITLE Change NAGY, JULES ---MAME NAME 380 AQUARIUS CT STREET ADORESS STREET ADDRESS ORANGE PARK FL 32073 CITY_ST-ZIP_ CITY-ST-ZIP. Delete Addition Change TITLE TITLE BURNESS, POWELL G NAME NAME 392 EDSON DR STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP CommaNOZZ TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEAN, KENNETH NAME NAME 590 BEN HARRISON ST STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RIVAS, JIMMY NAME NAME 5040 BISCAY COURT STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32003** CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oalh; 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 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered. 904 272.1107 SIGNATURE: SIGNATURE AND TYPED OF au

FILED