# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jun 21, 2006 8:00 am**
**Secretary of State**
05-01-2006 90442 002 ****61.25

DOCUMENT # 766356

1. Entity Name

PORT ST. LUCIE CHAPTER 113, DISABLED AMERICAN VETERANS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1150 SW CALIFORNIA BLVD<br>PORT ST. LUCIE FL 34953<br>US | 1150 SW CALIFORNIA BLVD<br>PORT ST. LUCIE FL 34953<br>US |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 31-1024009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KNEPSHIELD, RONALD K.<br>1919 SW BEAUREGUARD ST<br>PORT ST LUCIE FL 34953 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>KNEPSHIELD, RONALD K<br>1919 SW BEAUGUARD STREET<br>PORT SAINT LUCIE FL 34953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>JOCK, ROBERT J<br>5546 N.W. SCEPTER DRIVE<br>PORT SAINT LUCIE FL 34983 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KADERKA, JOSEPH JT.<br>349 DORCHESTER ST<br>PORT ST LUCIE, FL 34983 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>WILKINSON, GEORGE F<br>418 NW MARSALA TERRACE<br>PORT SAINT LUCIE FL 34986 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V BERNADINE R. HARVEY<br>565 NW PLACID AVE<br>PORT ST LUCIE, FL 34983 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUCHERT, KARL<br>6713 NW DOROTHY STREET<br>PORT SAINT LUCIE FL 34983 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHUDNOF, JEROME S<br>322 N.W. FLORESTA DRIVE<br>PORT SAINT LUCIE FL 34983 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARLSEN, DONNA MARIE<br>537 NW FLORESTA DRIVE<br>PORT SAINT LUCIE FL 34983 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ronald K Knepshield RONALD K KNEPSHIELD 4/17/06 772-340-1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #