


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 766356 1. Entity Name PORT ST. LUCIE CHAPTER 113, DISABLED AMERICAN VETERANS, INC.	
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Principal Place of Business 1150 SW CALIFORNIA BLVD PORT ST. LUCIE, FL 34953 US	Mailing Address 1150 SW CALIFORNIA BLVD PORT ST. LUCIE, FL 34953 US
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1024009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNEPSHIELD, RONALD K. 1919 SW BEAUREGUARD ST PORT ST LUCIE, FL 34953
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNEPSHIELD, RONALD K 1919 SW BEAUGUARD STREET PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KADERKA, JOSEPH J 349 DORCHESTER ST PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNADINE, HARVEY R 565 NW PLACID AVE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHERT, KARL 6713 NW DOROTHY STREET PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUDNOF, JEROME S 322 N.W. FLORESTA DRIVE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSEN, DONNA MARIE 537 NW FLORESTA DRIVE PORT SAINT LUCIE, FL 34983

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04/10/07-80040-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Knepschild 3/30/07 772-348-1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #