

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766356

FILED
Apr 30, 2009
Secretary of State

Entity Name: PORT ST. LUCIE CHAPTER 113, DISABLED AMERICAN VETERANS, INC.

Current Principal Place of Business:

1150 SW CALIFORNIA BLVD
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1150 SW CALIFORNIA BLVD
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 31-1024009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNEPSHIELD, RONALD K.
1919 SW BEAUREGUARD ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

KNEPSHIELD, RONALD K
1919 SW BEAUREGUARD ST
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE: RONALD K. KNEPSHIELD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: KNEPSHIELD, RONALD K
Address: 1919 SW BEAUGUARD STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P () Delete
Name: KADERKA, JOSEPH J
Address: 349 DORCHESTER ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: V () Delete
Name: BERNADINE, HARVEY R
Address: 565 NW PLACID AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: BUCHERT, KARL
Address: 6713 NW DOROTHY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: CHUDNOF, JEROME S
Address: 322 N.W. FLORESTA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: CARLSEN, DONNA MARIE
Address: 537 NW FLORESTA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CARTER, RAYMOND
Address: 642 NW RIVERSIDE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: V (X) Change () Addition
Name: DEPAGNIER, DAN
Address: P.O. BOX 9596
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: D (X) Change () Addition
Name: LA VALLE, CATHY
Address: 567 SE BROOKSIDE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Change () Addition
Name: RIPPERGER, HAROLD E
Address: 6145 NW DEVILLE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D (X) Change () Addition
Name: CARLSEN, DONNA MARIE
Address: 661 NE NEWHALL LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD K. KNEPSHIELD

S/T

04/30/2009

Electronic Signature of Signing Officer or Director

Date