

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766356

FILED  
Jan 24, 2010  
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:**

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:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** P  
**Name:** CARTER, RAYMOND  
**Address:** 642 NW RIVERSIDE DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

**Title:** V  
**Name:** DEPAGNIER, DAN  
**Address:** P.O. BOX 9596  
**City-St-Zip:** PORT SAINT LUCIE, FL 34985

**Title:** D  
**Name:** LA VALLE, CATHY  
**Address:** 567 SE BROOKSIDE TERRACE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

**Title:** D  
**Name:** RIPPERGER, HAROLD E  
**Address:** 6145 NW DEVILLE CIRCLE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** D  
**Name:** CARLSEN, DONNA MARIE  
**Address:** 661 NE NEWHALL LANE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

I hereby 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 all other like empowered.

**SIGNATURE:** RONALD K. KNEPSHIELD

S/T

01/24/2010

Electronic Signature of Signing Officer or Director

Date