


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

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90014 035 ****61.25

DOCUMENT # 768056	
1. Entity Name MANATEE COUNTY CHAPTER NO. 18 DISABLED AMERICAN VETERANS, INC.	

Principal Place of Business DISABLED AMERICAN 111 63RD AVENUE EAST BRADENTON FL 34203-6747	Mailing Address DISABLED AMERICAN 111 63RD AVENUE EAST BRADENTON FL 34203-6747
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-6196564	<input type="checkbox"/> 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 POEVELL, ROGER 1101 68TH AVE DR WEST BRADENTON FL 34207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME POWELL, ROGER STREET ADDRESS 1101 68TH AVE DR W CITY-ST-ZIP BRADENTON FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DEB NAME BITTINGER, ERVIN STREET ADDRESS 6507 MAUI DRIVE CITY-ST-ZIP BRADENTON FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DEB NAME HARRISON, LEONARD STREET ADDRESS 570 57TH AVE WEST, #52 CITY-ST-ZIP BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete	TITLE D NAME FRANK E. JOHNSON STREET ADDRESS 4 Peach Ave CITY-ST-ZIP Bradenton, Florida 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DC NAME HAYNES, JAMES STREET ADDRESS 2006 20TH STREET CT WEST CITY-ST-ZIP BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BARNSHAW, EDWARD STREET ADDRESS 204 3RD ST W #408 CITY-ST-ZIP BRADENTON FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roger Powell* **ROGER Powell** 1-31-06 941-538-9546