

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90013 038 ****70.00

DOCUMENT # 768056

1. Entity Name
**MANATEE COUNTY CHAPTER NO. 18 DISABLED
AMERICAN VETERANS, INC.**



Principal Place of Business
**111 63RD AVENUE EAST
BRADENTON, FL 34203**

Mailing Address
~~605 ARAN CT~~
~~BRADENTON, FL 34207~~

40034768



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6196564

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

POWELL, ROGER
1101 68TH AVE DR WEST *1020A 63rd Ave. East*
BRADENTON, FL 34207
34203

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☐ Delete
NAME **POWELL, ROGER**
STREET ADDRESS **1101 68TH AVE DR W**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE ☒ Change ☐ Addition
NAME *Roger Powell*
STREET ADDRESS *1020A 63rd Ave. East*
CITY-ST-ZIP *Bradenton, FL 34203*

TITLE ☐ Delete
NAME **ISHAM, VERNON**
STREET ADDRESS **1020A 63RD AVE DR E**
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **HAYNES, JAMES**
STREET ADDRESS **2006 20TH STREET CT WEST**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PRATT, BRADFORD C**
STREET ADDRESS **605 ARAN CT**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ROHDE, PETER A**
STREET ADDRESS **310 APRICOT ST**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DENOVELLIS, ANTONIO**
STREET ADDRESS **7125 FRUITVILLE RD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/08 941-565-2663