

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State\*  
DIVISION OF CORPORATIONS

DOCUMENT # 770154 (3)  
1. Corporation Name

DISABLED AMERICAN VETERANS, CHOCTAWHATCHEE CHAPT  
ER 102, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -3 PM 1:43

Principal Place of Business

D.A.V. CHOCTAWHATCHEE CHAPTER 102  
702 PENNSYLVANIA AVE  
BONIFAY FL 32425  
US

Mailing Address

\* JAMES D. STEWART, JR  
P O BOX 1145  
BONIFAY FL 32425-1145  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22 City & State

26 Suite, Apt. #, etc.

23 Zip

25 Country

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

STEWART, JAMES D., JR.  
ROUTE-3, BOX 740  
BONIFAY FL 32425-1145

3. Date Incorporated or Qualified

09/08/1983

3a. Date of Last Report

01/25/1994

4. FEI Number

23-7093836

5. Certificate of Status Desired

Applied For  
Not Applicable

6. Election Campaign Financing  
Trust Fund Contribution

\$8.75 Additional  
Fee Required

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

\$68.75 Supplemental  
Fee Not Required

10. Name and Address of New Registered Agent

81 Name

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

83 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
TRAN, JAMES  
309 N. RANGELINE  
BONIFAY FL

VCD  
STEWART, JAMES D. JR.  
ROUTE 3, BOX 740  
BONIFAY FL

CD  
NORRIS, BILLIE P.  
ROUTE 4, BOX 825  
BONIFAY FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAMES D. STEWART, JR.  
REGISTERED AGENT  
BONIFAY AND TYPED ON PRINTED NAME OF SIGNING OFFICER/DIRECTOR

JAN. 19, 1995 (904) 547-2327  
(904) 547-4528