

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770154 (3)

1. Corporation Name

DISABLED AMERICAN VETERANS, CHOCTAWHATCHEE CHAPTER 102, INC.



Principal Place of Business

Mailing Address

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

% JAMES D. STEWART, JR.
RT. 3, BOX 740
BONIFAY FL 32425-9215
US

3. Date Incorporated or Qualified

09/08/1983

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 JAMES D. STEWART, JR.

22 City & State 27 RT. 3, BOX 740

23 Zip 28 BONIFAY, FL

24 Country 29 32425-9215 30 U.S.

4. FEI Number

23-7093836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, JAMES D., JR.
ROUTE 3, BOX 740

BONIFAY FL 32425-9215

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME TRANT, JAMES
STREET ADDRESS 309 N. RANGELINE
CITY-ST-ZIP BONIFAY FL

TITLE VCD ☐ DELETE

NAME STEWART, JAMES D. JR.
STREET ADDRESS ROUTE 3, BOX 740
CITY-ST-ZIP BONIFAY FL

TITLE CD ☐ DELETE

NAME NORRIS, BILLIE P.
STREET ADDRESS ROUTE 4, BOX 625
CITY-ST-ZIP BONIFAY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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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 119.07(3)(k), 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 617, 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 15, 1996

Date

(904) 547-2327

Daytime Phone #

CR2E037 (12/95)