

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011 AR

DOCUMENT # N00000000502

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY 1

2. Principal Office Address - No P.O. Box #

1439 PARENTAL HOME RD

Suite, Apt. #, etc.

3. Mailing Office Address

1439 PARENTAL HOME RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

200197136822  
03/08/11--01035--002 \*\*61.25

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2000

5. FEI Number

23-7331198

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIAN E RICKMAN

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

2614 EMILY DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Marian E Rickman*  
REGISTERED AGENT MUST SIGN

Date 03/03/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BILLIE JEAN CHRISTIAN	3005 ANNISTON ROAD	JACKSONVILLE, FL 32246
SN/PIC	ILEAN DENNIS	245 WILDWOOD DR, LOT 228	ST AUGUSTINE, FL 32086
JN/PIC	MARJORIE PAINE	414 JAX ESTATES DRIVE S	JACKSONVILLE, FL 32218
S/T/D	MARIAN E RICKMAN	2614 EMILY DRIVE	JACKSONVILLE, FL 32216
			MAR 08 2011
			EXAMINER

10. E-mail Address: papabudd@live.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Marian E Rickman*

03/03/2011 904-254-5866