2012 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2012 Annual REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 MAR 27 AM 9:00

DOCUMENT # N00000000502

1. Corporation Name
DISABLED AMERICAN VETERANS AUXILIARY 1

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1439 PARENTAL HOME RD		1439 PARENTAL HOME RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE, FL		JACKSONVILLE, FL	
Zip	Country	Zip	Country
32216	DUVAL	32216	DUVAL

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	State	Zip Code
JACKSONVILLE	FL	32216

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03/27/12--01031--011 **61.25

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 03/01/2012

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/D	BILLIE JEAN CHRISTIAN	3005 ANNISTON ROAD	JACKSONVILLE, FL 32216
V/D/C	ILEAN DENNIS	1825 HEARTPINE DR	MIDDLEBURG, FL 32068
V/D/C	EDITH JACKSON	1555 A1A SOUTH #49	ST AUGUSTINE, FL 32080
S/T/D/C	MARIAN E RICKMAN	2614 EMILY DRIVE	JACKSONVILLE, FL 32216
			MAR 27 2012
			T. CAULEY

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: Billie Jean Christian - Billie Jean Christian - 3-2-2012 904-803-4968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #