

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 002 ****70.00

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1. Entity Name

SOUTH BREVARD BEACHES CHAPTER #129 DISABLED
AMERICAN VETERANS, INC



Principal Place of Business

Mailing Address

4-HOLLY CIRCLE
INDIALANTIC FL 32903

4-HOLLY CIRCLE
INDIALANTIC FL 32903

2. Principal Place of Business

199-HWY A1A

3. Mailing Address

199-HWY A1A

Suite, Apt. #, etc.

D202

Suite, Apt. #, etc.

D202

City & State

SATELLITE BEACH

City & State

SATELLITE BEACH

Zip

32937

Country

Zip

32937

Country

4. FEI Number

02-0654920

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IANNAONE, CONSTANTINE
4-HOLLY CIRCLE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

HEITGER, ROBERT J

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

199-HWY A1A

APT # D202

City

SATELLITE BEACH, FL

Zip Code

32937

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

ROBERT J. HEITGER

Robert J. Heitger

3-23-05

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEITGER, ROBERT J	
STREET ADDRESS	199 HWY A1A D-202	
CITY-ST-ZIP	SATELLITE BEACH FL 32903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDERSON, DAVID	
STREET ADDRESS	475 BRIDGETON CT	
CITY-ST-ZIP	SATELLITE BEACH FL 32931	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	IANNAONE, CONSTANTINE	
STREET ADDRESS	4-HOLLY CIRCLE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUADALUPE, NELSON	
STREET ADDRESS	478 TEMPLE ST	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAYED, JAMES J	
STREET ADDRESS	516 JOLLY ROGER DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORRENTNO, MICHAEL	
STREET ADDRESS	2686 SABRINA ST NE	
CITY-ST-ZIP	PALM BAY FL 32905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNAONE, CONSTANTINE	
STREET ADDRESS	4-HOLLY CIRCLE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDD, ANTHONY T	
STREET ADDRESS	80 - WASHINGTON ST	
CITY-ST-ZIP	APT B SATELLITE BEACH, FLA 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

Robert J. Heitger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05

321-773-8087

Date

Daytime Phone #