

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90088 032 ****70.00

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1. Entity Name

SOUTH BREVARD BEACHES CHAPTER #129 DISABLED
AMERICAN VETERANS, INC



Principal Place of Business

199-HWY A1A
D202
SATELLITE BEACH FL 32937

Mailing Address

199-HWY A1A
D202
SATELLITE BEACH FL 32937



2. Principal Place of Business

DAVID SCHACHTER
RECREATION HALL

3. Mailing Address

4-HOLLY CIR.

Suite, Apt. #, etc.

S. PATRICK DRIVE

Suite, Apt. #, etc.

INDIALANTIC FL 17

City & State

SATELLITE BEACH, FL

City & State

32903

Zip

32937

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

MEITGER, ROBERT
199-HWY A1A
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name CONSTANTINE IANNA CONE

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

4-HOLLY CIRCLE

INDIALANTIC

City

FL

Zip Code

32903

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

CONSTANTINE IANNA CONE

Constantine Iannacone

4-8-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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
NAME HEITGER, ROBERT J ☒ Delete
STREET ADDRESS 199 HWY A1A D-202
CITY-ST-ZIP SATELLITE BEACH FL 32903

TITLE VD
NAME HENDERSON, DAVID ☒ Delete
STREET ADDRESS 475 BRIDGETON CT
CITY-ST-ZIP SATELLITE BEACH FL 32931

TITLE TD
NAME IANNA CONE, CONSTANTINE ☐ Delete
STREET ADDRESS 4-HOLLY CIRCLE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D
NAME GUADALUPE, NELSON ☐ Delete
STREET ADDRESS 478 TEMPLE ST
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME FAYED, JAMES J ☐ Delete
STREET ADDRESS 516 JOLLY ROGER DR
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D
NAME SORRENTNO, MICHAEL ☐ Delete
STREET ADDRESS 2686 SABRINA ST NE
CITY-ST-ZIP PALM BAY FL 32905

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME HENDERSON, DAVID
STREET ADDRESS 475-BRIDGETON CT.
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE VD ☐ Change ☒ Addition
NAME LA CAMBRA, HERMAN
STREET ADDRESS 123-OCEAN BLVD
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: CONSTANTINE IANNA CONE 4-8-06 321-951-7565