2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90088 025 ****70.00

DOCUMENT # N02000001701

1. Entity Name

SOUTH BREVARD BEACHES CHAPTER #129 DISABLED AMERICAN VETERANS, INC

Principal Place of Business	Mailing Address
DAVID E HENDRSON - RECREATION HALL S PATRICK DR SATELLITE BEACH FL 32937 DAVID SCHELHTER COMMUNITY CENTER	4 HOLLY CIR INDIALANTIC FL 32903

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1089 - S PATRICK DR	4 - HOLLY CIR.
Suite, Apt. #, etc. SATELLITE BEACH, FLA	Suite, Apt. #, etc. INDIALANTIC
City & State 32903 USA	City & State FLA.
Zip / Country	Zip 32903 Country USA

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	7. Name and Address of New Registered Agent
IANNACONE, CONSTANTINE 4 HOLLY CIR INDIALANTIC FL 32903	Name: IANNACONE, CONSTANTINE Street Address (P.O. Box Number is Not Acceptable): 4 - HOLLY CIR. INDIALANTIC FLA 32903 City: FL Zip Code

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 IANNACONE SECRATARY TREASRAER Constantine Iannacone

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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENDERSON, DAVID 475 BRIDGETON CT SATELLITE BEACH FL 32937	☒ Delete	P.D. LACAMBRA, HERMAN 223 - OCEAN BLVD SATELLITE BEACH, FLA 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LACAMBRA, HERMAN 223 OCEAN BLVD SATELLITE BEACH FL 32937	☒ Delete	V.D HINMAN, DONALD 130 - FLAMINGO DR SATELLITE BEACH, FLA. 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IANNACONE, CONSTANTINE 4-HOLLY CIRCLE INDIALANTIC FL 32903	☐ Delete	D HENDERSON, DAVID 475 - BRIDGETON CT. SATELLITE BEACH FLA 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUADALUPE, NELSON 478 TEMPLE ST SATELLITE BEACH FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAYED, JAMES J 516 JOLLY ROGER DR SATELLITE BEACH FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SORRENTNO, MICHAEL 2686 SABRINA ST NE PALM BAY FL 32905	☒ Delete		☐ Change ☐ Addition

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 IANNACINE Constantine Iannacone 321 - 951-7565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #