2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N02000001701

Entity Name: SOUTH BREVARD BEACHES CHAPTER #129 DISABLED AMERICAN VETERANS, INC

Current Principal Place of Business:

DAVID SCHELHTER COMMUNITY CENTER
1089 S. PATRICK DR
SATELLITE BEACH, FL 32903

New Principal Place of Business:

Current Mailing Address:

223 OCEAN BLVD
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 02-0654920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LACAMBRA, HERMAN
223 OCEAN BLVD
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LA CAMBRA, HERMAN
Address: 223 OCEAN BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD ( ) Delete
Name: HINMAN, DONALD
Address: 130 FLAMINGO BLVD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD ( ) Delete
Name: LAVAN, HENRY
Address: 336 JUPITER DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: GUADALUPE, NELSON
Address: 478 TEMPLE ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: FAYED, JAMES J
Address: 516 JOLLY ROGER DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: HENDERSON, DAVID
Address: 475 BRIDGETON CT
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY LAVAN ADJ 01/20/2009

Electronic Signature of Signing Officer or Director — Date