

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

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90094 032 \*\*\*\*70.00

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1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY CHAS  
GUSTAFSON #94 INC



Principal Place of Business

Mailing Address

1428 ARCHER ST  
LEHIGH ACRES FL 33972  
US

1428 ARCHER ST  
LEHIGH ACRES FL 33972  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

33-1044929

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

WARREN, AGNES M  
1428 ARCHER ST  
LEHIGH ACRES FL 33972

Name

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

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

*AGNES M. WARREN*

*Agnes M. Warren*

*1-19-07*

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

(NOTE: Registered Agent signature required when reconstituting)

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 C ☒ Delete  
NAME D'ANGELO, DOLORES  
STREET ADDRESS 206 TREE SWALLOW CT  
CITY ST ZIP LEHIGH ACRES FL 33936

TITLE Commander ☒ Change ☐ Addition  
NAME Beverly Gregory  
STREET ADDRESS 17 Pinewood  
CITY ST ZIP Lehigh Acres Fl. 33936

TITLE T ☐ Delete  
NAME WARREN, AGNES M  
STREET ADDRESS 1428 ARCHER ST  
CITY ST ZIP LEHIGH ACRES FL 33972

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE SC ☒ Delete  
NAME GREGORY, BEVERLY  
STREET ADDRESS 17 PINWOOD  
CITY ST ZIP LEHIGH ACRES FL 33936

TITLE Sr. Vice Cmdr ☒ Change ☐ Addition  
NAME Kay Egan  
STREET ADDRESS 1427 Country Club Pkwy  
CITY ST ZIP Lehigh Acres Fl. 33972

TITLE JVC ☒ Delete  
NAME EGAN, KAY  
STREET ADDRESS 1647 COUNTRY CLUB PKWY  
CITY ST ZIP LEHIGH ACRES FL 33972

TITLE Jr. Vice Cmdr ☒ Change ☐ Addition  
NAME Dev D'Angelo  
STREET ADDRESS 208 Tree Swallow Ct  
CITY ST ZIP Lehigh Acres Fl. 33936

TITLE LC ☐ Delete  
NAME HARTMAN, DOROTHY  
STREET ADDRESS 28 COSMOPOLITAN DR., #13  
CITY ST ZIP LEHIGH ACRES FL 33936

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE SO ☐ Delete  
NAME HARTMAN, ERNEST  
STREET ADDRESS 28 COSMOPOLITAN DR., #13  
CITY ST ZIP LEHIGH ACRES FL 33936

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:

*Agnes M. Warren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-19-07*

Date

*239-369-2086*

Daytime Phone #