

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N05034 (6)

1. Corporation Name
CHAPTER #20, DISABLED AMERICAN VETERANS, DEPARTM ENT OF FLORIDA, INCORPORATED



Principal Place of Business V.A.M.C. SO. MARION ST P.O. BOX 1596 LAKE CITY FL 32056	Mailing Address V.A.M.C. SO. MARION ST P.O. BOX 1596 LAKE CITY FL 32056
--	--

3. Date incorporated or Qualified 09/07/1984	3a. Date of Last Report 02/27/1995
4. FEI Number 59-2301846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent

**ASAY, OTTO O.
 3212 GREG AVENUE
 LAKE CITY FL ~~32055~~ 32025**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATTY, RALPH P.	1.2 NAME	DONALD HORNE
STREET ADDRESS	RT 1 BOX 140 D2	1.3 STREET ADDRESS	US 441 N POB 1363
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	LAKE CITY FL 32056
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP C M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITCH, PATRICK, R	2.2 NAME	RICHARD A HORNE
STREET ADDRESS	690 EAST ST	2.3 STREET ADDRESS	US 441 N POB 1363
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	LAKE CITY FL 32056
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	D C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASAY, OTTO, O	3.2 NAME	FIGRE P BARRACCA
STREET ADDRESS	3212 GREG AVE	3.3 STREET ADDRESS	7 DOGWOOD CIRCLE
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, A., FRANK	4.2 NAME	
STREET ADDRESS	1104 LAKEWOOD CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  26 April 1996 904-752-2935

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

CR2E037 (12/95)