

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 10 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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 Mailing Address  
 V.A.M.C. SO. MARION ST P.O. BOX 1596 LAKE CITY FL 32056  
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3. Date Incorporated or Qualified 09/07/1984  
 4. FEI Number 59-2301846 Applied For Not Applicable  
 5. Certificate of Status Desired \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association? Yes No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
 ASAY, OTTO O.  
 3212 GREG AVENUE  
 LAKE CITY FL 32055

10. Name and Address of New Registered Agent  
 81 Name RICHARD BLOUNT  
 82 Street Address (P.O. Box Number is Not Acceptable) 250A CASON ROAD  
 83  
 84 City OLUSTEE FL 85 Zip Code 32072

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 *Richard Blount* DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	HORNE, DONALD	US 441 N POB 1363	LAKE CITY FL	<input checked="" type="checkbox"/>
D	FITCH, PATRICK, R	690 EAST ST	LAKE CITY FL	<input checked="" type="checkbox"/>
DST	ASAY, OTTO, O	3212 GREG AVE	LAKE CITY FL	<input checked="" type="checkbox"/>
VPOM	HORNE, RICHARD A	US 441 N POB 1363	LAKE CITY FL	<input checked="" type="checkbox"/>
DC	BARRACCA, FIORE P	7 DOGWOOD CIRCLE	LAKE CITY FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D-1	BARRACCA, FLORE	7 DOGWOOD CIRCLE	LAKE CITY, FL 32056-3760	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D-2	LAFASO, GARY	RT. 9, BOX 910	LAKE CITY, FL 32024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D-3	LAPLANT, PHILLIP	RT 3, BOX 437	LAKE CITY, FL 32025	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	BLOUNT, RICHARD	P. O. BOX 2 (NA)	OLUSTEE, FL 32072	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T-2	HORNE, RICHARD	US 441 N, POB 1363 (NA)	LAKE CITY, FL 32056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T-3	RODNEY SHULTIS	RR #2, BOX 3164	GLEN ST. MARYS, FLORIDA 32040	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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: *Richard Blount* DATE 7-14-98 DAYTIME PHONE #

CR2E037 (5/98)