

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90018 016 \*\*\*\*61.25

0000783

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N05034**

1. Corporation Name

**CHAPTER #20, DISABLED AMERICAN VETERANS, DEPARTMENT 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/07/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2301846	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
BLOUNT, RICHARD 250A CASON ROAD OLUSTEE FL 32072				81	Name			DENNIS SCOTT
				82	Street Address (P.O. Box Number is Not Acceptable)			RR. 20 BOX 1076
				83	City			
				84	City	Lake City FL	FL	85

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRACCA, FLORE	1.2 NAME	
STREET ADDRESS	7 DOGWOOD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056	1.4 CITY-ST-ZIP	
TITLE	D/7 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFASO, GARY	2.2 NAME	
STREET ADDRESS	RT 9, BOX 910	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPLANT, PHILLIP	3.2 NAME	D. James Nix
STREET ADDRESS	RT3, BOX 437	3.3 STREET ADDRESS	RR 1 BOX 570
CITY-ST-ZIP	LAKE CITY FL 32025	3.4 CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, RICHARD	4.2 NAME	T/D GARY L. LAFASO
STREET ADDRESS	P O BOX 2 N/A	4.3 STREET ADDRESS	RR 9 BOX 910
CITY-ST-ZIP	OLUSTEE FL 32072	4.4 CITY-ST-ZIP	LAKE CITY FL. 32024
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, RICHARD	5.2 NAME	
STREET ADDRESS	US 441 N, POB 1363 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULTS, RODNEY	6.2 NAME	0 Rodney Shults
STREET ADDRESS	RR #2, BOX 3164	6.3 STREET ADDRESS	RR 2 BOX 3164
CITY-ST-ZIP	GLEN ST MARYS FL 32040	6.4 CITY-ST-ZIP	Glen St Marys FL. 32040

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ DATE: 4/11/99 - 904-758-5629 DAYTIME PHONE # \_\_\_\_\_

CR2E037-(11/98)