

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

07-01-2002 90310 011 ****61.25

DOCUMENT # N05034

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

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

43007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2301846		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name: Mark Polson			

SCOTT, DENNIS RR 20 BOX 1078 LK CITY FL 32055		Street Address (P.O. Box Number is Not Acceptable) RT 22 Box 2466	
City		State	Zip Code
LAKE CITY		FL	32024

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.

SIGNATURE: *[Signature]* **Tacs** DATE: **6/15/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	NAME: BARRACCA, FLORE <input checked="" type="checkbox"/> Delete	TITLE: D	NAME: Donald Horne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7 DOGWOOD CIRCLE	CITY-ST-ZIP: LAKE CITY FL 32056	STREET ADDRESS: 551 W. 3rd ST. BOX 5	CITY-ST-ZIP: MacLennan, FL 32063
TITLE: TD	NAME: LAFASO, GARY <input checked="" type="checkbox"/> Delete	TITLE: D	NAME: Mark Polson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: RR 9 BOX 10	CITY-ST-ZIP: LAKE CITY FL 32024 <i>Pres. stays the same</i>	STREET ADDRESS: RT 22 Box 2466	CITY-ST-ZIP: LAKE CITY FL 32024
TITLE: D	NAME: MERRELL, WILLIE <input type="checkbox"/> Delete	TITLE:	NAME:
STREET ADDRESS: 3215 GREG ST	CITY-ST-ZIP: LAKE CITY FL 32025 <i>JR. Vice</i>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: SHULTS, RODNEY <input type="checkbox"/> Delete	TITLE:	NAME:
STREET ADDRESS: RR #2, BOX 3184	CITY-ST-ZIP: GLEN ST MARYS FL 32040 <i>Commander</i>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **Mark A Polson** DATE: **8/5/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20037 (8/01)