

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05034 1. Entity Name CHAPTER #20, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/07)

4. FEI Number 59-2301846	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POLSON, MARK A 202 SW WOODCREST DRIVE LAKE CITY FL 32024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	
TITLE	SO <input type="checkbox"/> Delete POLSON, MARK A 202 SW WOODCREST DR LAKE CITY FL 32024
TITLE	DC <input type="checkbox"/> Delete MERRELL, WILLIE 237 SE GRED PL LAKE CITY FL 32025
TITLE	C <input type="checkbox"/> Delete JOSEPH, JOHN 1596 HONEY WILKINSON RD BALDWIN FL 32234
TITLE	CC <input type="checkbox"/> Delete HERRING, JOE T 334 SW SUNRISE WAY LAKE CITY FL 32024
TITLE	FO <input type="checkbox"/> Delete BRUCKNER, EARL 4042 SOUTHWOOD RD BALDWIN FL 32234
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000897946
04/25/08-80068-016 61.25

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: Mark Polson **MARK A. POLSON**