

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N05034

Entity Name: CHAPTER #20, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Current Principal Place of Business:

V.A.M.C. SO. MARION ST
P.O. BOX 1596
LAKE CITY, FL 32056

New Principal Place of Business:

D.A.V. C/O V.A.M.C.
619 SOUTH MARION AVE.
LAKE CITY, FL 32056

Current Mailing Address:

V.A.M.C. SO. MARION ST
P.O. BOX 1596
LAKE CITY, FL 32056

New Mailing Address:

D.A.V. C/O V.A.M.C.
619 SOUTH MARION AVE.
LAKE CITY, FL 32056

FEI Number: 59-2301846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLSON, MARK A
202 SW WOODCREST DRIVE
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SO () Delete
Name: POLSON, MARK A
Address: 202 SW WOODCREST DR
City-St-Zip: LAKE CITY, FL 32024

Title: DC () Delete
Name: MERRELL, WILLIE
Address: 237 SE GRED PL
City-St-Zip: LAKE CITY, FL 32025

Title: C () Delete
Name: JOSEPH, JOHN
Address: 1596 HONEY WILKINSON RD
City-St-Zip: BALDWIN, FL 32234

Title: CC () Delete
Name: HERRING, JOE T
Address: 334 SW SUNRISE WAY
City-St-Zip: LAKE CITY, FL 32024

Title: FO () Delete
Name: BRUCKNER, EARL
Address: 4042 SOUTHWOOD RD
City-St-Zip: BALDWIN, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. POLSON

S.O.

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date