

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05034

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: POLSON, MARK A  
Address: 202 SW WOODCREST DR  
City-St-Zip: LAKE CITY, FL 32024

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARK A POLSON

SO

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date