FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05335 (7)

1. Corporation Name

MORRIS C. CLARK CHAPTER #6 DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
46 MASTERS DRIVE ST AUGUSTINE FL 32095	46 MASTERS DRIVE ST AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1984
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2190032 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~GALIPEAU, RUSSELL E.~~
~~102 CATALINA CIRCLE~~
~~ST. AUGUSTINE FL 32086-4965~~

10. Name and Address of New Registered Agent

81 Name: Stephen H. Voegtlin
82 Street Address (P.O. Box Number is Not Acceptable): 2670 Usina St.
83: St. Aug
84 City: FL 85 Zip Code: 32095

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lucian Gause Lucian Gause 2/22/1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name(s) changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE: P	☐ Change ☐ Addition
NAME	BECK, RICHARD	12 NAME: STEPHEN H. VOEGTLIN	
STREET ADDRESS	P O BOX 787	13 STREET ADDRESS: 2670 USINA ST.	
CITY-ST-ZIP	HASTINGS FL	14 CITY-ST-ZIP: St. Aug. FL 32095	
TITLE	V	21 TITLE:	☐ Change ☐ Addition
NAME	PRATT, IRENE	22 NAME: Boleslaw Zielinski	
STREET ADDRESS	282 ALMANSA	23 STREET ADDRESS:	
CITY-ST-ZIP	ST AUGUSTINE FL	24 CITY-ST-ZIP:	
TITLE	TD	31 TITLE: T	☑ Change ☐ Addition
NAME	GALIPEAU, RUSSELL	32 NAME: LUCIAN GAUSE	
STREET ADDRESS	102 CATALINA CIRCLE	33 STREET ADDRESS: 305 LAS OLAS RD	
CITY-ST-ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP: ST. AUG. FL 32086	
TITLE	S	41 TITLE: D	☐ Change ☐ Addition
NAME	MOLGREN, CARL	42 NAME: BOLESLAW ZIELINSKI	
STREET ADDRESS	32 FULLERWOOD DR	43 STREET ADDRESS: 435 DOMENICO C/B APT C15	
CITY-ST-ZIP	ST AUGUSTINE FL	44 CITY-ST-ZIP: ST. AUG. FL. 32086	
TITLE		51 TITLE: D	☐ Change ☐ Addition
NAME		52 NAME: NEIL E. REINER	
STREET ADDRESS		53 STREET ADDRESS: 7 HILPRETH DR	
CITY-ST-ZIP		54 CITY-ST-ZIP: ST. AUGUSTINE FL 32095	
TITLE		61 TITLE:	☐ Change ☐ Addition
NAME		62 NAME:	
STREET ADDRESS		63 STREET ADDRESS:	
CITY-ST-ZIP		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lucian Gause Lucian Gause 2/22/1995 904 824 2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022002