

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N05335** (7)

1. Corporation Name

**MORRIS C. CLARK CHAPTER #6 DISABLED AMERICAN VET
ERANS, DEPARTMENT OF FLORIDA, INCORPORATED**



Principal Place of Business

Mailing Address

**46 MASTERS DRIVE
ST AUGUSTINE FL 32095**

**46 MASTERS DRIVE
ST AUGUSTINE FL 32095**

3. Date Incorporated or Qualified
09/25/1984

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOGELPOHL, STEPHEN H.
2570 USINA ST.
ST. AUGUSTINE FL 32095**

81 Name
FRANK MASCIALE

82 Street Address (P.O. Box Number is Not Acceptable)
473 HORSESHOE RD.

83 **ST. AUGUSTINE, FL. 32095**

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-31-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **VOGELPOHL, STEPHEN H**
STREET ADDRESS **2570 USINA ST.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Frank Masciale**
1.3 STREET ADDRESS **473 Horseshoe Rd.**
1.4 CITY-ST-ZIP **St. Augustine, Fl. 32095**

TITLE **T** ☒ DELETE
NAME **GAUSE, LUCIAN**
STREET ADDRESS **305 LAS OLAS ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

2.1 TITLE **Treasurer -T** ☒ Change ☐ Addition
2.2 NAME **Carl F Mollgren**
2.3 STREET ADDRESS **32 Fullerwood Dr.**
2.4 CITY-ST-ZIP **St. Augustine, Fl. 32095**

TITLE **D** ☒ DELETE
NAME **ZIELINSKI, BOLESRAW**
STREET ADDRESS **455 DOMENICO CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

3.1 TITLE **D-** ☒ Change ☐ Addition
3.2 NAME **Farrell, Ray**
3.3 STREET ADDRESS **5470 Muskogen Rd.**
3.4 CITY-ST-ZIP **St. Augustine, Fl. 32092**

TITLE **D** ☒ DELETE
NAME **REINER, NEIL E**
STREET ADDRESS **7 HILORETH DR.**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

4.1 TITLE **D-Adjutant & SO** ☒ Change ☐ Addition
4.2 NAME **Ethel I. Pratt**
4.3 STREET ADDRESS **282 Almansa Rd.**
4.4 CITY-ST-ZIP **St. Augustine, Fl. 32086**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Frank Masciale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 (94) 829 8070

Date

Daytime Phone #

CR2E037 (12/95)