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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business

2a. Mailing Address

21 46 MASTERS DR.

26 46 MASTERS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 St. Aug, FL.

28 St. Aug. FL.

Zip

Country

Zip

Country

24 32095

25 ST. JOHNS

29 32095

30 ST. JOHNS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1984

4. FEI Number

59-2190032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

BARTLETT, JEROME
245 WILDWOOD DRIVE LOT 201
ST AUGUSTINE FL 32086

81 Name

ETHEL I. PRATT

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

473 So. HORSESHOE Rd.

83

84 City

St. Augustine,

FL

85 Zip Code

32095

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 ETHEL I. PRATT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BARTLETT, JEROME
245 WILDWOOD DRIVE LOT 200
ST AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MOLLGREN, CARL A.
32 FULLERWOOD DRIVE
ST AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HEFFERON
246 WILDWOOD DRIVE
ST AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
REJMER, NE
7 HILDRETH DRIVE
ST AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P PRATT, ETHEL I.
473 So. HORSESHOE Rd.
St. AUGUSTINE, FL. 32095

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D SR. VICE
NAIL REIMER
7 HILDRETH DR.
ST. AUGUSTINE, FL.

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D VICE
FRANK MACIALE
473 So. HORSESHOE Rd.
St. AUGUSTINE, FL. 32095

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D ADDITIONAL
EDITH LOOK
4125 COASTAL HWY, LOT 10
ST. AUGUSTINE, FL. 32095-1418

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

TREASURER
SHAWN B. FRYE
40 ARENTA STREET
ST. AUGUSTINE FL 32095

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing 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:

ETHEL I. PRATT

PRESIDENT
ETHEL I. PRATT

1-26-98

904-824-5063

CFR2037 (10/97)