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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N06361 (2)

1. Corporation Name

GEORGE SUMMER BEACHES CHAPTER #51, DISABLED AMER ICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORAT

Principal Place of Business	Mailing Address
AMERICAN POST 316 1127 ATLANTIC BLVD ATLANTIC BEACH FL 32233	D.A.V. CHAPTER 51 P.O. BOX 50557 JAX. BEACH FL 32240-0557

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1984
3a. Date of Last Report: 02/02/1994
4. FEI Number: 31-0947708 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1127 Atlantic Blvd.	26 P.O. Box 50557
Suite, Apt. #, etc. 22 Chapter 51 - DAV.	Suite, Apt. #, etc. 27 Bch-51 DAV.
City & State 23 Jax. FL.	City & State 28 Jax. Bch. FL.
Zip 24 32233 Country 25 U.S.A.	Zip 29 32250 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

CAMERON ~~SCOTT~~ HIOTT Adjt.
2202 LEON RD
JACKSONVILLE FL ~~32250~~ 32246

10. Name and Address of New Registered Agent

81 Name: T. Wallace, Cmdr. DAV.
82 Street Address (P.O. Box Number is Not Acceptable): 4834 Bankhead Ave.
83: Jax. FL.
84 City: Jax. FL. FL 85 Zip Code: 32206.

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: Cameron S. Hiott Jr. 2-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE D	Comdr.	☑ Change ☐ Addition
NAME	~~BOB RICHARDS~~	1.2 NAME	Wallace, Tony Jr.	"D"
STREET ADDRESS	1127 ATLANTIC BLVD.	1.3 STREET ADDRESS	4834 Bankhead Ave.	
CITY-ST-ZIP	ATLANTIC BCH. FL 32233	1.4 CITY-ST-ZIP	Jax. FL. 32206	
TITLE	V	2.1 TITLE D	Earls Wilson Jr. Vice Cmdr	☑ Change ☐ Addition
NAME	~~PARPART, EDMOND R.~~	2.2 NAME		"D"
STREET ADDRESS	1870 MOURNING DOVE	2.3 STREET ADDRESS	323 2nd Ave. S.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	2.4 CITY-ST-ZIP	Jax. Bch. FL. 32250	
TITLE	ST	3.1 TITLE T	Moore, Jack - Chaplain.	☑ Change ☐ Addition
NAME	HIOTT, CAMERON S., JR.	3.2 NAME	Lockwood Ray.	"+"
STREET ADDRESS	2202 LEON ROAD	3.3 STREET ADDRESS	476 Taylor Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	3.4 CITY-ST-ZIP	Orange Pk. FL. 32065	
TITLE	D	4.1 TITLE D	Trs. Adjt.	☐ Change ☑ Addition
NAME	~~THOMPSON, DANIEL F., III~~	4.2 NAME	Hiott, Cameron S.	"D"
STREET ADDRESS	5573 MORSE AVENUE	4.3 STREET ADDRESS	2202 Leon Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	Jax. FL. 32246	
TITLE	D	5.1 TITLE T	Butner, Tex. Judge Adv.	☐ Change ☑ Addition
NAME	BUTNER, TEX	5.2 NAME		"+"
STREET ADDRESS	226 MAGNOLIA ST.	5.3 STREET ADDRESS	226 Magnolia St.	
CITY-ST-ZIP	NEP. BCH. FL 32240	5.4 CITY-ST-ZIP	Nep. Bch. FL 32240.	
TITLE	D	6.1 TITLE T	Wall, John James. 2nd Vice.	☑ Change ☐ Addition
NAME	WALLACE, TONY, JR.	6.2 NAME		"+"
STREET ADDRESS	4834 BANKHEAD AVE.	6.3 STREET ADDRESS	13457 Chauncey Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	6.4 CITY-ST-ZIP	Jax. FL. 32246.	

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: Cameron S. Hiott Jr. Adjt. 2-1-95 1-904-349-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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