

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 # **N06361** (2)

1. Corporation Name

GEORGE SUMMER BEACHES CHAPTER #51, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

1127 ATLANTIC BLVD
CHAPTER 51 DAV
JACKSONVILLE FL 32233
US

P O BOX 50557
BEACH 51 DAV
JACKSONVILLE BEACH FL 32250
US



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

Same as Above

3. Date Incorporated or Qualified
11/28/1984

3a. Date of Last Report
03/09/1995

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

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

**HIOTT, CAMERONS
2202 LEON RD
JACKSONVILLE FL 32246**

81 Name

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

83

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 617.1503, Florida Statutes.

SIGNATURE

Cameron S. Hiott

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, TONY J		1.2 NAME	
STREET ADDRESS	4834 BANKHEAD AVENUE	<i>Same</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLS, WILNER J		2.2 NAME	
STREET ADDRESS	323 2ND AVENUE SO	<i>Same</i>	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL		2.4 CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JACK		3.2 NAME	
STREET ADDRESS	476 TAYLOR AVENUE	<i>Same</i>	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PK FL		3.4 CITY - ST - ZIP	
TITLE	PAD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIOTT, CAMERONS		4.2 NAME	
STREET ADDRESS	2202 LEON ROAD	<i>Same</i>	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTNER, TEX		5.2 NAME	
STREET ADDRESS	226 MAGNOLIA ST.	<i>Same</i>	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEP. BCH. FL		5.4 CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTJOHN, JAMES		6.2 NAME	
STREET ADDRESS	13957 CHUNUMY ROAD	<i>Same</i>	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL		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:

Cameron S. Hiott

Date

Daytime Phone #

CR2E037 (12/95)