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FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

1127 ATLANTIC BLVD  
CHAPTER 51 DAV  
JACKSONVILLE FL 32233  
USP O BOX 50557  
BEACH 51 DAV  
JACKSONVILLE BEACH FL 32240-0557  
US3. Date Incorporated or Qualified  
11/28/19843a. Date of Last Report  
01/29/19964. FEI Number  
31-0947708Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

HIOTT, CAMERONS  
2202 LEON RD  
JACKSONVILLE FL 32246

## 10. Name and Address of New Registered Agent

81 Name

Same

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-97

## 12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WALLACE, TONY J	
STREET ADDRESS	4834 BANKHEAD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EARLS, WILNER J	
STREET ADDRESS	323 2ND AVENUE SO	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, JACK	
STREET ADDRESS	476 TAYLOR AVENUE	
CITY-ST-ZIP	ORANGE PK FL	
TITLE	PAD	<input type="checkbox"/> DELETE
NAME	HIOTT, CAMERONS	
STREET ADDRESS	2202 LEON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUTNER, TEX	
STREET ADDRESS	226 MAGNOLIA ST.	
CITY-ST-ZIP	NEP. BCH. FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WESTJOHN, JAMES	
STREET ADDRESS	13957 CHUNUMY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EARLS WILNER J	
1.3 STREET ADDRESS	323 2nd Ave So. Jax. Beach	
1.4 CITY-ST-ZIP		
2.1 TITLE	D WALLACE, TONY J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3834 BANKHEAD AVE	
2.3 STREET ADDRESS	JACKSONVILLE, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

Date: JAN. 7, 1997. Daytime Phone # 0006375

CR2E037 (9/96)