


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 DAY
JACKSONVILLE FL 32233
US

Meeting Hall -

P O BOX 50657
BEACH 51 DAY
JACKSONVILLE BEACH FL 32250
US

OLD Address -

2. Principal Place of Business

2a. Mailing Address

21 1127 ATLANTIC BLVD

26 12102 Leon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Atlantic Beach

27 Jacksonville, FL

City & State

City & State

23 FL

28 Jacksonville, FL

Zip

Zip

24 32233

29 32246

Country

Country

25 DAYVUL

30 DAYVUL

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1984

4. FEI Number

31-0847708

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

81 Name

Cameron S. Hiott Adj. DAV Service

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

2202 Leon Rd. Office

83 City

Jacksonville, FL "Mailing Address Only"

84 State

FL

85 Zip Code

32246

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WALLACE, TONY J

STREET ADDRESS 3834 BANKHEAD AVE

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME EARLS, WILNER J

STREET ADDRESS 323 2ND AVENUE SO

CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE ☐ DELETE

NAME MOORE, JACK

STREET ADDRESS 476 TAYLOR AVENUE

CITY-ST-ZIP ORANGE PK FL

TITLE ☐ DELETE

NAME HIOTT, CAMERONS

STREET ADDRESS 2202 LEON ROAD

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME BUTNER, TEX

STREET ADDRESS 228 MAGNOLIA ST.

CITY-ST-ZIP NEP. BCH. FL

TITLE ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)