

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90013 030 ****61.25
07-09-1999 90002 013 ****61.25

DOCUMENT # N06361

1. Corporation Name

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

Principal Place of Business

AMERICAN LEGION POST 316
1127 ATLANTIC BOULEVARD
ATLANTIC BEACH FL 32233
US

Mailing Address

DAV CHAPTER 51
2202 LEON ROAD
JACKSONVILLE BEACH FL 32246
US



2. Principal Place of Business

1127 Atlantic Blvd.
Suite, Apt. #, etc.

Atlantic Blvd. FL 32233
City & State

Zip Country
32233 FL

25

2a. Mailing Address

2202 Leon Rd.
Suite, Apt. #, etc.

Jax. FL 32246
City & State

Zip Country
32246 FL

29 30

3. Date Incorporated or Qualified

11/28/1984

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

9. Name and Address of Current Registered Agent

HIOTT, CAMERON S
2202 LEON ROAD
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

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 617.0503, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1VD	WALLACE, TONY J	3834 BANKHEAD AVE	JACKSONVILLE FL	<input type="checkbox"/>
DC	EARLS, WILNER J	323 2ND AVENUE SO	JACKSONVILLE BEACH FL	<input type="checkbox"/>
TC	MOORE, JACK	476 TAYLOR AVENUE	ORANGE PK FL	<input checked="" type="checkbox"/>
PATD	HIOTT, CAMERONS	2202 LEON ROAD	JACKSONVILLE FL	<input type="checkbox"/>
3VT	BUTNER, TEX	226 MAGNOLIA ST.	NEP. BCH. FL	<input type="checkbox"/>
2VT	WESTJOHN, JAMES	13957 CHUNUMY ROAD	JACKSONVILLE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)