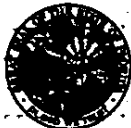


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06367	
1. Entity Name LABELLE CHAPTER #144, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED	

Principal Place of Business AMERICAN LEGION HALL 699 HWY 80 W. LABELLE, FL 33935	Mailing Address D.A.V. CHAPTER 144 PO BOX 2459 LABELLE, FL 33935
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FILED
05 SEP 26 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08242905 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1123017	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHALL, JOHN H 4004 SENA LANE LABELLE, FL 33935

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHALL, JOHN 4004 SENA LANE LABELLE, FL 33935,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCM WILLIAMS, STEPHEN H 4009 SCHOOL CIRCLE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHALL, ROBERT 4007 SENA LANE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, JOSEPH 966 CASH RD LABELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Stephen H. Williams</u>	STEPHEN H. WILLIAMS	8/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

863-675-0092