

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06367

FILED
Mar 07, 2006
Secretary of State

Entity Name: LABELLE CHAPTER #144, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA,
INCORPORATED

Current Principal Place of Business:

AMERICAN LEGION HALL
699 HWY 80 W.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

D.A.V. CHAPTER 144
PO BOX 2459
LABELLE, FL 33935

New Mailing Address:

FEI Number: 31-1123017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALL, JOHN H
4004 SENA LANE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHALL, JOHN,
Address: 4004 SENA LANE
City-St-Zip: LABELLE, FL 33935,

Title: VCM () Delete
Name: WILLIAMS, STEPHEN H
Address: 4009 SCHOOL CIRCLE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: SCHALL, ROBERT
Address: 4007 SENA LANE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: OLIVER, JOSEPH
Address: 966 CASH RD
City-St-Zip: LABELLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN H. WILLIAMS

VCM

03/07/2006

Electronic Signature of Signing Officer or Director

Date