

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

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**



07092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1123017

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 John Schall

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

(NOTE: Registered Agent signature required when reinstating)

DATE

John Schall *07/12/07*

**Filing Fee is \$61.25
Due by September 14, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**U00000770222
07/24/07-80007-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHALL, JOHN
STREET ADDRESS	4004 SENA LANE
CITY-ST-ZIP	LABELLE, FL 33935,
TITLE	VCM
NAME	WILLIAMS, STEPHEN H
STREET ADDRESS	4009 SCHOOL CIRCLE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	SCHALL, ROBERT
STREET ADDRESS	4007 SENA LANE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	OLIVER, JOSEPH
STREET ADDRESS	966 CASH RD
CITY-ST-ZIP	LABELLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: STEPHEN H WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen H. Williams *7/14/07* **863-612-0300**