FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10113 (1)

1. Corporation Name

LARGO CHAPTER #143 DISABLED AMERICAN VETERANS IN C.

Principal Place of Business	Mailing Address
P.O. BOX 5265 LARGO FL 34649	P.O. BOX 5265 LARGO FL 34649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1985
3a. Date of Last Report: 08/08/1994
4. FEI Number: 31-1107890 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLAUDE, AYERS
509 ROSARY RD. NW
LARGO FL 34640

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	AYERS, CLAUDE	1.2 NAME	
STREET ADDRESS	509 ROSARY RD NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	DES	2.1 TITLE	☐ Change ☐ Addition
NAME	POWLEY, MARY M.	2.2 NAME	
STREET ADDRESS	100 BLUFFVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SWEENEY, GENOLA	3.2 NAME	
STREET ADDRESS	P.O. BOX 4061 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY PINES FL	3.4 CITY-ST-ZIP	
TITLE	DVC	4.1 TITLE	D ☒ Change ☐ Addition
NAME	SHAEFER, ROGER	4.2 NAME	BAIOCCO, ALBERT
STREET ADDRESS	1010 PARKVIEW LN	4.3 STREET ADDRESS	1071 DONEGAN RD.,LOT#838
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	LARGO, FL. #$¢$!
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, DORATHY	5.2 NAME	
STREET ADDRESS	1813 NORTHVINE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	☐ Change ☐ Addition
NAME	WEAVER, JOHN	6.2 NAME	
STREET ADDRESS	824 COCONUT PALM	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: CLAUDE AYERS 4-24-95 5384-4928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047366