

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N10113 (1)**

1. Corporation Name

**LARGO CHAPTER #143 DISABLED AMERICAN VETERANS IN C.**



Principal Place of Business

P.O. BOX 5265  
LARGO FL 34649

Mailing Address

P.O. BOX 5265  
LARGO FL 34649

3. Date Incorporated or Qualified  
**07/09/1985**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **509 ROSARY RD NW**

26 **509 ROSARY RD NW**

4. FEI Number  
**31-1107890**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **LARGO FL**

28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip **34649**

25 Country **FLORIDA**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAUDE, AYERS  
509 ROSARY RD. NW  
LARGO FL 34640**

81 Name **CLAUDE W. AYERS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**509 ROSARY RD. N.W.**  
83  
84 City **LARGO FL** 85 Zip Code **34640**

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]* 2-10-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P AYERS, CLAUDE**  
STREET ADDRESS **509 ROSARY RD NW**  
CITY-ST-ZIP **LARGO FL**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DES POWLEY, MARY M.**  
STREET ADDRESS **100 BLUFFVIEW DR**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD SWEENEY, GENOLA**  
STREET ADDRESS **P.O. BOX 4061 N/A**  
CITY-ST-ZIP **BAY PINES FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D BAIOTTO, ALBERT**  
STREET ADDRESS **1071 DONEGAN RD. #838**  
CITY-ST-ZIP **LARGO FL**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V PARKER, DORATHY**  
STREET ADDRESS **1813 NORTHVINE RD**  
CITY-ST-ZIP **LARGO FL**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **C WEAVER, JOHN**  
STREET ADDRESS **824 COCONUT PALM**  
CITY-ST-ZIP **LARGO FL**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96 584-4928  
Date Daytime Phone #

CR2E037 (12/95)