

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 Mailing Address
P.O. BOX 5265 LARGO FL 34649 P.O. BOX 5265 LARGO FL 34649

3. Date Incorporated or Qualified **07/09/1985** 3a. Date of Last Report **04/28/1995**
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**
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 **SMITH STEPHENS BLDG** 26 **Box 5265**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **LARGO FLA** 28
Zip Country Zip Country
24 **34649** 25 **FLORIDA** 29 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 **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 *Claude W. Ayers* DATE **2-10-96**
Signature, typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIOCCO, ALBERT	4.2 NAME	
STREET ADDRESS	1071 DONEGAN RD. #838	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 W. Ayers* DATE: **2-10-96** DAYTIME PHONE #: **584-4928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)