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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10113** (1)

1. Corporation Name

LARGO CHAPTER #143 DISABLED AMERICAN VETERANS IN C.

Principal Place of Business

Mailing Address

**SERVICE CITIZENS BLDG
LARGO FL 34649
US**

**P.O. BOX 5265
LARGO FL 33779-5265**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1985		3a. Date of Last Report 02/16/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 31-1107890		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYERS, CLAUDE W.
500 ROSARY RD. NW
LARGO FL 33640**

81 Name	Genola J. Hearn
82 Street Address (P.O. Box Number is Not Acceptable)	8950 Park Blvd No. Apt 102
83	
84 City	Seminole
85 Zip Code	FL 33777

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 **GENOLA J. HEARN, Commander**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Commander
NAME	AYERS, CLAUDE	1.2 NAME	Genola J. Hearn
STREET ADDRESS	500 ROSARY RD NW	1.3 STREET ADDRESS	8950 Park Blvd No. Apt 102
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Seminole, FL 33777
TITLE	DES	2.1 TITLE	
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	
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	4.1 TITLE	
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	5.1 TITLE	
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	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Genola J. Hearn** 3/12/97 397-3740

CR2E037 (9/96)