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FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 34649**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEARN, GERALD J.  
8950 PARK BLVD, APT 102  
SEMINOLE FL 33777**

81 Name **FRANK RICH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13911 85TH TER N**  
83  
84 City **SEMINOLE** FL 85 Zip Code **33776**

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]*

(NOTE: Registered Agent signature required when reinstating)

DAY

**1/26/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEARN, GERALD J.</b>	
STREET ADDRESS	<b>8950 PARK BLVD, APT 102</b>	
CITY - ST - ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>DES</b>	<input type="checkbox"/> DELETE
NAME	<b>POWLEY, MARY M.</b>	
STREET ADDRESS	<b>100 BLUFFVIEW DR</b>	
CITY - ST - ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MALONE, HAROLD E.</b>	
STREET ADDRESS	<b>7380 ULMERTON RD</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAJOCCO, ALBERT</b>	
STREET ADDRESS	<b>1071 DONEGAN RD. #838</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARKER, DORATHY</b>	
STREET ADDRESS	<b>1813 NORTHVINE RD</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEAVER, JOHN</b>	
STREET ADDRESS	<b>824 COCONUT PALM</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FRANK L. RICH</b>	
1.3 STREET ADDRESS	<b>13911 85TH TER N</b>	
1.4 CITY - ST - ZIP	<b>SEMINOLE FL 33776</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>LARGO FL 33770</b>	
5.3 STREET ADDRESS	<b>1113 3RD AVE NW</b>	
5.4 CITY - ST - ZIP	<b>ATLANTA, GEORGIA</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>HUEL, KENNETH F, SR</b>	
6.3 STREET ADDRESS	<b>1071 DONEGAN RD. #1520</b>	
6.4 CITY - ST - ZIP	<b>LARGO FL 33771</b>	

14. I 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:

*[Signature]* **HAROLD E. MALONE - HAROLD E. MALONE 1113. 2-2-98 813 531 5800**

CR2E037 (10/97)