

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90018 020 \*\*\*\*61.25

**DOCUMENT # N10113**

1. Corporation Name

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

Principal Place of Business

SERVICE CITIZENS BLDG  
LARGO FL 34649  
US

Mailing Address

P.O. BOX 5265  
LARGO FL 34649

6 8 4 5 2 5 - 9 0 0 1 8 - 2 0



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**07/09/1985**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**31-1107890**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICH, FRANK**  
**13911 85TH TERRACE N.**  
**SEMINOLE FL 33776**

81 Name **Lawrence Edington**

82 Street Address (P.O. Box Number is Not Acceptable)

**19029 US Hwy 19 N**

83 **B9 #609**

84 City **Clearwater**

**FL**

85 Zip Code **33764**

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

*Lawrence C. Edington*

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

(NOTE: Registered Agent signature required when reinstating)

**August 6 1999**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **P RICH, FRANK L.**  
STREET ADDRESS **13911 85TH TERRACE N.**  
CITY-ST-ZIP **SEMINOLE FL 33776**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Commander Edington, Lawrence**  
1.3 STREET ADDRESS **19029 US Hwy 19 N B9 #609**  
1.4 CITY-ST-ZIP **Clearwater, FL 33764**

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD MALONE, HAROLD E.**  
STREET ADDRESS **7360 ULMERTON RD**  
CITY-ST-ZIP **LARGO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Treasurer Brooks, Mark D.**  
4.3 STREET ADDRESS **12191 77 STN**  
4.4 CITY-ST-ZIP **Largo, FL 33773**

TITLE ☐ DELETE  
NAME **D FICI, ANTHONY**  
STREET ADDRESS **1113 3RD AVENUE NW**  
CITY-ST-ZIP **LARGO FL 33770**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D HOEL, KENNETH F. S**  
STREET ADDRESS **1071 DONEGAN RD. #1520**  
CITY-ST-ZIP **LARGO FL 33771**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6 Aug 99**

Date

**727 319 7447**

Daytime Phone #

CR2E037 (5/99)