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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19023** (3)

1. Corporation Name

**CHAPTER 65, DISABLED AMERICAN VETERANS, DEPARTME
NT OF FLORIDA, INCORPORATED.**

Principal Place of Business

Mailing Address

5325 8TH ST
ZEPHYRHILLS FL 33540
US

5325 8TH STREET
ZEPHYRHILLS FL 33540
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1987

4. FEI Number

23-7331152

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

SOEHNLEIN RALPH J.
9511 STARLINE DRIVE
DADE CITY FL 33525

81 Name

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

83

84 City

FL

85 Zip Code

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

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

Commander Ch 65
(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME VANDERLAAN, SAMUEL A.
STREET ADDRESS 6053 HAZELWOOD DR.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D
NAME CRIDER, CLARENCE A.
STREET ADDRESS 3907 CHAH DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE D
NAME ORMSBY, PHILLIP W.
STREET ADDRESS 38703 11TH AVE.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE PC
NAME SOEHNLEIN, RALPH J.
STREET ADDRESS 9511 STARLINE DR.
CITY-ST-ZIP DADE CITY FL

TITLE DS
NAME CHILDERS, GLADYS
STREET ADDRESS 5410 WATERS ST
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE VD
NAME MCMAINES, JOHN J. JR.
STREET ADDRESS 40126 PROUD MOCKING BIRD ROAD
CITY-ST-ZIP ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SR. VICE COMMANDER
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE JR. VICE COMMANDER
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER/ADJUTANT
4.2 NAME SANTTI, DAVID H.
4.3 STREET ADDRESS 38705 HENRY DR
4.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

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

6.1 TITLE
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.

SIGNATURE: *Ralph J. Soehnlein* COMMANDER CH 65
813-783-7012

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