

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
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90023 018 ****61.25

DOCUMENT # N19023 ✓

1. Corporation Name

CHAPTER 65, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED.

Principal Place of Business

5325 8TH ST
ZEPHYRHILLS FL 33540
US

Mailing Address

5325 8TH STREET
ZEPHYRHILLS FL 33540
US



2. Principal Place of Business

1 **SAME**

2a. Mailing Address

26 **SAME**

3. Date Incorporated or Qualified

01/30/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7331152

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOEHNLEIN RALPH J.
9511 STARLINE DRIVE
DADE CITY FL 33525

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	VANDERLAAN, SAMUEL A.	6053 HAZELWOOD DR.	ZEPHYRHILLS FL	<input type="checkbox"/>
D	CRIDER, CLARENCE A.	3907 CHAH DRIVE	ZEPHYRHILLS FL	<input type="checkbox"/>
D	ORMSBY, PHILLIP W.	38703 11TH AVE.	ZEPHYRHILLS FL	<input type="checkbox"/>
PC	SOEHNLEIN, RALPH J.	9511 STARLINE DR.	DADE CITY FL	<input type="checkbox"/>
TA	SANTI, D H	38755 HENRY DR	ZEPHYRHILLS FL 33540	<input type="checkbox"/>
VD	MCMAINES, JOHN J. JR.	40126 PROUD MOCKING BIRD ROAD	ZEPHYRHILLS FL	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
SVC.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Ralph J. Soehnlein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

813-783 7012
Daytime Phone #

CR2E037 (5/99)