



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90081 049 ****70.00

DOCUMENT # N19023 1. Entity Name CHAPTER 65, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED.					
Principal Place of Business 5325 8TH ST ZEPHYRHILLS, FL 33542 US			Mailing Address 5325 8TH ST ZEPHYRHILLS, FL 33542 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7331152	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERMAN, JAMES C 7138 FORT KING RD ZEPHYRHILLS, FL 33541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				DATE 4/10/07	
SIGNATURE <i>James C. Amerman</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by May 1, 2007	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC BRIDGE, JACK P.O. BOX 1240 ZEPHYRHILLS, FL 33539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC SANTII, DAVID H 38755 HENRY DRIVE ZEPHYRHILLS, FL 33542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC SMITH, ROY J. 37516 BINGO BLVD. ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTA HENDERSON, DELIA 38015 BRIDGE AVE. ZEPHYRHILLS, FL 33542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTA DUARTE, DONALD A 11019 MUSTANG DRIVE DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/C AMERMAN, JAMES C 7138 FT KING ROAD ZEPHYRHILLS, FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/C BRIDGE, JACK E P.O. BOX 1240 ZEPHYRHILLS, FL 33539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C BRIDGE, JACK E P.O. BOX 1240 ZEPHYRHILLS, FL 33539	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/EC RUMLER, JOSEPH F 37829 LAGOON COURT ZEPHYRHILLS, FL 335421401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/EC RUMLER, JOSEPH F 37829 LAGOON COURT ZEPHYRHILLS, FL 335421401	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James C. Amerman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			James C. Amerman, <i>4/10/07</i> <small>Date</small>		
813-783-7012 <small>Daytime Phone #</small>					