

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90017 032 ****61.25

DOCUMENT # N24123

1. Entity Name

DISABLED AMERICAN VETERANS/JIM BOOE CHAPTER
86, INC.



Principal Place of Business

208 6TH ST SOUTH
FLAGLER BEACH FL 32136
US

Mailing Address

PO BOX 359
FLAGLER BEACH FL 32136



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

59-6211870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HALL, FINLEY~~
~~116 LEHIGH AVE~~
~~FLAGLER BEACH FL 32136~~

Name Luz M Ruiz Reyes

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

10 Burnaby LN

Palm Coast

FL

Zip Code
32137

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.

SIGNATURE

[Signature]

Luz M. Ruiz-Reyes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CMD	<input checked="" type="checkbox"/> Delete
NAME	HALL, FINLEY	
STREET ADDRESS	116 LEHIGH AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VCM	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, RAYMOND P	
STREET ADDRESS	208 SOUTH 6TH ST	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	JVC	<input checked="" type="checkbox"/> Delete
NAME	PLEECKLETON, LLOYD J	
STREET ADDRESS	540 LAMBENT DR	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERS, WAYNE A	
STREET ADDRESS	208 S 6TH ST	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GUNN, JOHN A	
STREET ADDRESS	22 CLEVELAND CT #1	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	MAJORS, DONALD	
STREET ADDRESS	37 FAIR CASTLE LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CMD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luz M. Ruiz-Reyes	
STREET ADDRESS	10 Burnaby LN	
CITY-ST-ZIP	Palm Coast, FL 32137 (386) 445-3017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

Luz M Ruiz-Reyes

7-15-08