

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23089 (8)

1. Corporation Name

DISABLED AMERICAN VETERANS' RICHARD W. GOODE #13
5 INC.

Principal Place of Business

C/O JOSEPH ROACHE
2812 FLORESTA DR. N.E.
PALM BAY FL 32905
US

Mailing Address

C/O JOSEPH ROACHE
2812 FLORESTA DR. N.E.
PALM BAY FL 32905
US



3. Date Incorporated or Qualified
09/24/1987

3a. Date of Last Report
06/20/1995

4. FEI Number

59-2734545

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

22 Same as above

Suite, Apt. #, etc.

27 Same as above

City & State

23 Same as above

City & State

28 Same as above

Zip

24 32905

Country

25 USA

Zip

29 32905

Country

30 USA

9. Name and Address of Current Registered Agent

ROACHE, JOSEPH
2812 FLORESTA DR. N.E.
PALM BAY FL 32905

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 JOSEPH L. ROACHE, SECRETARY DIRECTOR

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 SD ☐ DELETE

NAME ROACHE, JOSEPH
STREET ADDRESS 2812 FLORESTA DR. N.E.
CITY - ST - ZIP PALM BAY FL 32905

TITLE TD ☒ DELETE

NAME TOTH, ERNEST G
STREET ADDRESS 885 GRANDEUR ST. S.E.
CITY - ST - ZIP PALM BAY FL 32909

TITLE SVPD ☐ DELETE

NAME CRUZ, MAURICE F
STREET ADDRESS 6904 BABCOCK ST. S.E.
CITY - ST - ZIP PALM BAY FL 32909

TITLE JVPD ☐ DELETE

NAME ALFARANO, VINCENT J.
STREET ADDRESS 1040 ABADA CT NE APT 103
CITY - ST - ZIP PALM BAY FL 32907

TITLE D ☐ DELETE

NAME CASALE, ROBERT C
STREET ADDRESS 750 HUROLE AVE. N.E.
CITY - ST - ZIP PALM BAY FL 32907

TITLE PD ☒ DELETE

NAME EDINGER, CHARLES
STREET ADDRESS 283 PELICAN DR. N.E.
CITY - ST - ZIP PALM BAY FL 32907

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

T/D
ARNOLD BROWN
1718 HAZELTON NW
PALM BAY FL #3()&

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

JR/VP/D
MICHAEL SORRENTINO
2686 SABRINA ST
PALM BAY FL 32905

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, Block 13, changed or in an additional agent address.

SIGNATURE: JOSEPH L. ROACHE, SECRETARY DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 June 1995 407 768 9770

Date

Daytime Phone #

CR2E037 (3/96)