


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23089** (8)

1. Corporation Name

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



Principal Place of Business <b>C/O JOSEPH ROACHE 2812 FLORESTA DR. N.E. PALM BAY FL 32905 US</b>	Mailing Address <b>C/O JOSEPH ROACHE 2812 FLORESTA DR. N.E. PALM BAY FL 32905 US</b>
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3. Date Incorporated or Qualified <b>09/24/1987</b>	
4. FEI Number <b>59-2734545</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>ROACHE, JOSEPH 2812 FLORESTA DR. N.E. PALM BAY FL 32905</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	85 Zip Code	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROACHE, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>2812 FLORESTA DR. N.E.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ARNOLD</b>	2.2 NAME	
STREET ADDRESS	<b>1718 HAZELTON NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ, MAURICE F</b>	3.2 NAME	
STREET ADDRESS	<b>6904 BABCOCK ST. S.E.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALFARANO, VINCENT J.</b>	4.2 NAME	
STREET ADDRESS	<b>1040 ABADA CT NE APT 103</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASALE, ROBERT C</b>	5.2 NAME	
STREET ADDRESS	<b>750 HUROLE AVE. N.E.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**CRUZ, MAURICE F.**  
**6904 BABCOCK ST SE**  
**PALM BAY, FL**  
**CRUZ, MAURICE F.**  
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**PALM BAY, FL**  
**CRUZ, MAURICE F.**  
**6904 BABCOCK ST SE**  
**PALM BAY, FL**

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, on an attachment with an address.

SIGNATURE:

*Joseph R Roache*

CR2E037 (10/97)