2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24408

FILED Apr 27, 2010 Secretary of State

Entity Name: DISABLED AMERICAN VETERANS, JACKSONVILLE CHAPTER #1, INC.

Current Principal Place of Business: New Principal Place of Business:

1439 PARENTAL HOME RD. JACKSONVILLE, FL 322163007 US

Current Mailing Address: New Mailing Address:

1439 PARENTAL HOME RD. JACKSONVILLE, FL 322163007 US

FEI Number: 90-0521686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARKIEWICZ, PAUL D 5349 SELTON AVE JACKSONVILLE, FL 32277 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CDR

Name: RICKMAN, LEROY F Address: 2614 EMILY DR

City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SVC

 Name:
 PATIN, FAYE W

 Address:
 9252 SAN JOSE BLVE

 City-St-Zip:
 JACKSONVILLE, FL 32216 US

Title: ADJ

Name: DIFFENBAUGH, GUY L Address: 1632 FURMAN RD

City-St-Zip: JACKSONVILLE, FL 32257 US

Title: JVC

Name: JACOBS, LAWRENCE E

Address: 2633 EMILY DR

City-St-Zip: JACKSONVILLE, FL 32216 US

Title: TREA

Name: MARKIEWICZ, PAUL D Address: 5349 SELTON AVE

City-St-Zip: JACKSONVILLE, FL 32277 US

Title: JVC

Name: YOUNG, ROBERT

Address: 2420 COOL SPRINGS DR S City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL D. MARKIEWICZ TREA 04/27/2010