FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24736 (3)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, TITUSVILLE UNIT #109, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
COMMANDER/ADJUTANT 435 NORTH SINGLETON AVENUE TITUSVILLE FL 32796	COMMANDER/ADJUTANT 435 NORTH SINGLETON AVENUE TITUSVILLE FL 32796

3. Date Incorporated or Qualified: 02/09/1988
3a. Date of Last Report: 02/21/1994
4. FEI Number: 23-7337059 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLEWWELLIN, GAYLE J. 2291 CHRISTINE DR. TITUSVILLE FL 32796	81 Name: MCDONALD, JEAN M. 82 Street Address (P.O. Box Number is Not Acceptable): 4575 Comfort St. 83: Cocoa, FL. 32927 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jean M McDonald 2/13/95
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	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	MCDONALD, JEAN M.	1.2 NAME	Knight, LINDA D.
STREET ADDRESS	4575 COMFORT ST.	1.3 STREET ADDRESS	2060 Palomino Drive
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Titusville, FL.
TITLE	VD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	GAGNON, HELEN	2.2 NAME	GAGNON, Helen
STREET ADDRESS	1409 VALENCIA ROAD	2.3 STREET ADDRESS	1409 Valencia RD.
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Titusville, FL.
TITLE	DT	3.1 TITLE	DT ☐ Change ☐ Addition
NAME	FLEWWELLIN, GAYLE	3.2 NAME	MCDONALD, Jean M
STREET ADDRESS	2291 CHRISTINE DR.	3.3 STREET ADDRESS	4575 Comfort St.
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	COCOA, FL. 32927
TITLE	S	4.1 TITLE	S. ☐ Change ☐ Addition
NAME	JOAQUIN, TONYA	4.2 NAME	Webber, Marian
STREET ADDRESS	435 NO SINGLETON AVE	4.3 STREET ADDRESS	PO Box 651 NA
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Mims, FL.
TITLE	DC	5.1 TITLE	DC ☐ Change ☐ Addition
NAME	WEBBER, ETHEL M	5.2 NAME	Flewwellin, GAYLE
STREET ADDRESS	PO BOX 651 NA	5.3 STREET ADDRESS	2291 Christine Dr.
CITY-ST-ZIP	MIMS FL	5.4 CITY-ST-ZIP	Titusville, FL.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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, or on an attachment with an address.

SIGNATURE: Linda D. Knight 2/13/95 407-269-0109
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — DATE — (Daytime Phone #)

0033205