SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 29 1998 8:00am
Secretary of State

000237O

DOCUMENT # N24736 (3)

1. Corporation Name

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

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

4. FEI Number: 23-7337059 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (28)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (26)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONALD, JEAN M
4575 COMFORT STREET
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name: PENNELOPE PETTERSEN

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

83: 4055 CUSHMAN DRIVE

84 City: MIMS FL 85 Zip Code: 32754

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: Penelope L Pettersen 7/20/98
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~~ ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	~~MESKIMEN, PHYLLIS ANN~~	1.2 NAME	FLEWWELLIN, GAYLE J
STREET ADDRESS	~~143 BAHIAEN RD.~~	1.3 STREET ADDRESS	2291 CHRISTINE DRIVE
CITY-ST-ZIP	~~TITUSVILLE FL~~	1.4 CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	~~VD~~ ☒ DELETE	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	~~CREPPS, ROSE~~	2.2 NAME	BOYCE JUDITH ARLENE
STREET ADDRESS	~~405 INDIAN RIVER AVE., #1001~~	2.3 STREET ADDRESS	481 NORTH WASHINGTON AVENUE #32
CITY-ST-ZIP	~~TITUSVILLE FL~~	2.4 CITY-ST-ZIP	TITUSVILLE FL 32796
TITLE	~~DT~~ ☒ DELETE	3.1 TITLE	DT ☐ Change ☒ Addition
NAME	~~MCDONALD, JEAN M.~~	3.2 NAME	PETTERSEN PENELOPE
STREET ADDRESS	~~4575 COMFORT ST.~~	3.3 STREET ADDRESS	4055 CUSHMAN DRIVE
CITY-ST-ZIP	~~COCOA FL~~	3.4 CITY-ST-ZIP	MIMS FL 32754
TITLE	~~S~~ ☒ DELETE	4.1 TITLE	S ☐ Change ☒ Addition
NAME	~~FLEWWELLIN, GAYLE J.~~	4.2 NAME	BASSETT REBECCA M
STREET ADDRESS	~~2291 CHRISTINE DR.~~	4.3 STREET ADDRESS	~~2957 HARTMAN LANE~~
CITY-ST-ZIP	~~TITUSVILLE FL~~	4.4 CITY-ST-ZIP	MIMS FL 32754
TITLE	~~BC~~ ☒ DELETE	5.1 TITLE	BC ☐ Change ☒ Addition
NAME	~~WEBBER, ETHEL M.~~	5.2 NAME	GAGNON HELEN
STREET ADDRESS	~~P.O. BOX 851~~	5.3 STREET ADDRESS	~~1409 VALENCIA ROAD~~
CITY-ST-ZIP	~~MIMS FL~~	5.4 CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/96)

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 or on an attachment with an address.

SIGNATURE: Gayle J. Flewwellin July 20, 1998 (407)267-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attach 5 hut for the
DAV Auxiliary, Titusville Unit #109,
Inc.

10. Name and address of new Registered Agent

Pennelope Pettersen
4055 Cushman Drive
Mims, Fl 32754

P. Gayle J. Flewwellin
2291 Christine Drive
Titusville, Fl 32796

VD Judith Arlene Boyce
481 North Washington Avenue
#32
Titusville, Fl 32796

DT Penelope Pettersen
4055 Cushman Drive
Mims, Fl 32754

S Rebecca M. Bassett
2957 Hartman Lane
Mims, Fl 32754

DC Helen Gagnon
1409 Valencia Road
Titusville, Fl 32780