2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State
02-12-2002 90060 004 ****61.25

DOCUMENT # N24736

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VEIT, JANE 5186 BRIDGE ROAD COCOA FL 32927	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Jane Veit Jane Veit 1-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLEWWELLIN, GAYLE J		NAME		
STREET ADDRESS	2291 CHRISTINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCDONALD, JEAN M		NAME		
STREET ADDRESS	1287 CHENEY HIGHWAY SOUTH MEADOWS		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VEIT, JANE		NAME		
STREET ADDRESS	5186 BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32927		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEBBER, MARIAN		NAME		
STREET ADDRESS	435 N SINGLETON AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796		CITY-ST-ZIP		
TITLE	DC GAGNON	☐ Delete	TITLE	GAGNON Helen	☒ Change ☐ Addition
NAME	~~GAGNON, HELEN~~		NAME	1409 Valencia Road	
STREET ADDRESS	~~1409 VALENCIA ROAD~~		STREET ADDRESS		
CITY-ST-ZIP	~~TITUSVILLE FL 32780~~		CITY-ST-ZIP	Titusville FL 32780	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEVENS, IRENE H		NAME		
STREET ADDRESS	148 PALM COURT		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP		

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gayle J. Flewwellin GAYLE J. FLEWWELLIN 1-9-02 (321) 267-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #