

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90016 038 \*\*\*\*61.25

**DOCUMENT # N24736**

1. Entity Name

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



Principal Place of Business:

COMMANDER/ADJUTANT  
435 NORTH SINGLETON AVENUE  
TITUSVILLE FL 32796

Mailing Address

COMMANDER/ADJUTANT  
435 NORTH SINGLETON AVENUE  
TITUSVILLE FL 32796

2. Principal Place of Business

Disabled American Veterans  
Suite, Apt. #, etc.

3. Mailing Address

435 N Singleton Ave  
Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville FL

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

VEIT, JANE  
5186 BRIDGE ROAD  
COCOA FL 32927

7. Name and Address of New Registered Agent

Name

Same

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-04

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	FLEWELLIN, GAYLE J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2291 CHRISTINE DRIVE	
CITY-ST-ZIP			TITUSVILLE FL 32796	
TITLE	D	NAME	MCDONALD, JEAN M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1287 CHENEY HIGHWAY SOUTH MEADOWS	
CITY-ST-ZIP			TITUSVILLE FL 32780	
TITLE	DT	NAME	VEIT, JANE	<input type="checkbox"/> Delete
STREET ADDRESS			5186 BRIDGE ROAD	
CITY-ST-ZIP			COCOA FL 32927	
TITLE	S	NAME	WEBBER, MARIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			435 N SINGLETON AVE	
CITY-ST-ZIP			TITUSVILLE FL 32796	
TITLE	DC	NAME	GAGNON, HELEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1409 VALENCIA ROAD	
CITY-ST-ZIP			TITUSVILLE FL 32780	
TITLE	VP	NAME	STEVENS, IRENE H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			148 PALM COURT	
CITY-ST-ZIP			MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER	NAME	Betty Jo Nicholas	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			3317 1st Ave	
CITY-ST-ZIP			Mims FL 32754	
TITLE	SR Vice	NAME	Kay Roberge	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			905 Temple Dr	
CITY-ST-ZIP			Titusville FL 32780	
TITLE	Treasurer	NAME	Jane Veit	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			5186 Bridge Road	
CITY-ST-ZIP			Cocoa FL 32927	
TITLE	Adjutant	NAME	Gayle Flewellin	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2291 Christine Dr	
CITY-ST-ZIP			Titusville FL 32780	
TITLE	Chaplain	NAME	Mary Austin	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1145 Nova Terrace	
CITY-ST-ZIP			Titusville FL 32796	
TITLE	SR Vice	NAME	Eleanor Puma	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1636 Rice Ave	
CITY-ST-ZIP			Titusville FL 32796	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/04