

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90033 018 ****61.25

DOCUMENT # N24736

1. Entity Name
**DISABLED AMERICAN VETERANS AUXILIARY,
TITUSVILLE UNIT #109, INC.**



Principal Place of Business
**DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
TITUSVILLE, FL 32796**

Mailing Address
**DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
TITUSVILLE, FL 32796**

50007882



DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP

CR2E037 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing - ☐
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
NICHOLAS, BETTY JO
3317 1ST AVE
MIMS, FL 32754**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
ROBERGE, KAY
905 TEMPLKE DR
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VEIT, JANE
5186 BRIDGE ROAD
COCOA, FL 32927**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**A
ELENWALLIN, GAYLE
2291 CHRISTINI DR
TITUSVILLE, FL 32780**
*FLEWELLIN
CHRISTINE*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
AUSTIN, MARY
1145 NOVA TERRACE
TITUSVILLE, FL 32796**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JV
PUMA, ELEANOR
1636 RICE AVE
TITUSVILLE, FL 32796**

**DO NOT WRITE
IN THIS SPACE**

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 #

JANE VEIT **JANE VEIT Treasurer** 1-7-05 321-6397387