


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 026 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7337059	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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: <u>Stevens, Irene H</u> Street Address (P.O. Box Number is Not Acceptable): <u>148 Palm Tree Ct</u> City: <u>Melbourne</u> FL Zip Code: <u>32940</u>	
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: <u>Irene H Stevens</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-8-06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NICHOLAS, BETTY JO 3317 1ST AVE MIMS, FL 32754	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Flewellin, Gayle J 2291 Christine Dr Titusville, FL 32796	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ROBERGE, KAY 905 TEMPLKE DR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stevens, Irene H 148 Palm Tree Ct Melbourne, FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VEIT, JANE 5186 BRIDGE ROAD COCOA, FL 32927	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Flewellin, Gayle J 2291 Christine Drive TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AUSTIN, MARY 1145 NOVA TERRACE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Webber, Marian 2813 Carol Ave Mims, FL 32754	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JV PUMA, ELEANOR 1636 RICE AVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gayle J. Flewellin</u> <u>April 8 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40047125



03222006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name: Stevens, Irene H
Street Address (P.O. Box Number is Not Acceptable): 148 Palm Tree Ct
City: Melbourne FL Zip Code: 32940

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: Irene H Stevens (NOTE: Registered Agent signature required when reinstating) DATE: 4-8-06

Filing Fee is \$61.25 Due by May 1, 2006
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make check payable to Florida Department of State

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SIGNATURE: Gayle J. Flewellin April 8 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR