

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Jan 31, 2008 08:00 AM
Secretary of State**

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7337059	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENS, IRENE H 148 PALM TREE CT MELBOURNE FL 32940				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Irene H Stevens</i> DATE <i>1-26-08</i> Signature, typed or printed name of registered agent with title, for principal. (NOTE: Registered Agent signature is required when changing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008.		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDERSON, ALICE 2425 HERITAGE DR TITUSVILLE FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000806141 02/06/08-80030-008 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ROBERGE, KAY 905 TEMPLKE DR TITUSVILLE FL 32780	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENS, IRENE H 148 PALM TREE CT MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A STEVENS, IRENE H 148 PALM TREE CT. MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AUSTIN, MARY 1145 NOVA TERRACE TITUSVILLE FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JV PUMA, ELEANOR 1636 RICE AVE TITUSVILLE FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Irene H Stevens*

1-26-08