2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N24736

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

Current Principal Place of Business:

DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 23-7337059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVENS, IRENE H
148 PALM TREE CT
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	ANDERSON, ALICE	
Address:	2425 HERITAGE DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	SV	( ) Delete
Name:	ROBERGE, KAY	
Address:	905 TEMPLKE DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	T	( ) Delete
Name:	STEVENS, IRENE H	
Address:	148 PALM TREE CT	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	A	( ) Delete
Name:	STEVENS, IRENE H	
Address:	148 PALM TREE CT.	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	C	( ) Delete
Name:	AUSTIN, MARY	
Address:	1145 NOVA TERRACE	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	JV	( ) Delete
Name:	PUMA, ELEANOR	
Address:	1636 RICE AVE	
City-St-Zip:	TITUSVILLE, FL 32796	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SV	(X) Change ( ) Addition
Name:	ROBERGE, DORIS	
Address:	3385 WESTWOOD DRIVE	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE H STEVENS ADJ 03/16/2009
Electronic Signature of Signing Officer or Director — Date