

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90229 042 ****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

435 N Singleton Ave. Titusville
Suite, Apt. #, etc. **N/A**

3. Mailing Address

435 N Singleton Ave.
Suite, Apt. #, etc. **N/A**

City & State

Titusville

Zip

32796

Country

USA

City & State

Titusville

Zip

32796

Country

USA

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

Jane Veit

Street Address (P.O. Box Number is Not Acceptable)

5186 Bridge Road

City

Cocoa

FL

Zip Code

32927

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

2-20-03

FILE NOW: FEE IS \$61.25

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

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

JANE VEIT **2-20-03** **3216397887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)