

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90024 026 ****61.25

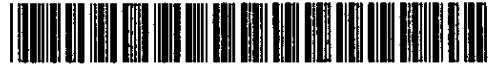
DOCUMENT # N26260

1. Entity Name
**DISABLED AMERICAN VETERANS AUXILIARY, UNIT #11,
CLEARWATER, INC.**



Principal Place of Business
**219 S BETTY LANE
CLEARWATER, FL 33756 US**

Mailing Address
**1325 YOUNG AVE S
CLEARWATER, FL 33756 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

23-7331172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRKLAND, SHIRLEY
1325 YOUNG AVE S
CLEARWATER, FL 33756**

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

Shirley L. Kirkland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/7/04

DATE

Filing Fee is \$61.25

Due by September 8, 2004

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 **C** ☐ Delete
NAME **SHEPARD, BARBARA**
STREET ADDRESS **24862 US HWY 19 N APT 1004**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **LOWE, JEANNE**
STREET ADDRESS **266 SKYLOCH DR W**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **TD** ☒ Change ☐ Addition
NAME **WIELSEN, BRENDA LEE**
STREET ADDRESS **1315 Young Ave S**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **D** ☐ Delete
NAME **GARRETT, RHEA**
STREET ADDRESS **11003 101ST AVE. NO.**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE ☒ Change ☐ Addition
NAME **GARRETT, Rhea**
STREET ADDRESS **801 Semmole Blvd Rm 220**
CITY-ST-ZIP **Largo, FL 33270**

TITLE **D** ☐ Delete
NAME **KIRKLAND, SHIRLEY**
STREET ADDRESS **1325 YOUNG AVE S**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVC** ☒ Delete
NAME **NEWSOME, DEXTER**
STREET ADDRESS **1966 SEVER DR**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **SVC** ☒ Change ☐ Addition
NAME **(TITLE) ELIZABETH**
STREET ADDRESS **148 Skyloch Dr**
CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Shirley L. Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

DATE

**727
443-4558**

Daytime Phone #