

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26260

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

219 S BETTY LANE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6477
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 23-7331172 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAULERSON, ANNABELL
707 SPENCER AVE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

KIRKLAND, SHIRLEY
1325 YOUNG AVE. S
CLEARWATER, FL 33756 US

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: SHIRLEY KIRKLAND

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RAULERSON, ANNABELL
Address: 707 SPENCER AVE
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: KOZDRAS, MARY
Address: 2250 LAKE ARBOR BLVD
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: GARRETT, RHEA
Address: 901 SEMINOLE BLVD RM 220
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: NIELSEN, BRENDA LEE
Address: 1315 YOUNG AVE S
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Delete
Name: MARTIN, GERALDINE
Address: 1348 ROSERY RD E
City-St-Zip: LARGO, FL 337701653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: KIRKLAND, SHIRLEY
Address: 1325 YOUNG AVE S
City-St-Zip: CLEARWATER, FL 33756

Title: TD (X) Change () Addition
Name: SHEPARD, BARBARA
Address: 24862 US 19N APT. 1004
City-St-Zip: CLEARWATER, FL 33763

Title: D (X) Change () Addition
Name: VERDI, HARRIET
Address: 2351 WILSHIRE DRIVE
City-St-Zip: DUNEDIN, FL 33756

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: BARBARA SHEPARD

TD

01/29/2009

Electronic Signature of Signing Officer or Director

Date