

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26260

FILED
Feb 04, 2011
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:

219 S BETTY LANE
CLEARWATER, FL 33758 US

Current Mailing Address:

P.O. BOX 6477
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 23-7331171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEPARD, BARBARA T
24862 US 19N
#1004
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

SHEPARD, BARBARA A
24862 US 19N
#1004
CLEARWATER, FL 33763 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: BARBARA A SHEPARD

02/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: KIRKLAND, SHIRLEY
Address: 1325 YOUNG AVE S
City-St-Zip: CLEARWATER, FL 33756

Title: TD
Name: SHEPARD, BARBARA A
Address: 24862 US 19N APT. 1004
City-St-Zip: CLEARWATER, FL 33763

Title: D
Name: NEILSEN, BRENDA
Address: 1315 YOUNG AVE S
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: BOUVIER, ANNETTE
Address: 528 ORKNEY CT
City-St-Zip: DUNEDIN, FL 34698

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A SHEPARD

TD

02/04/2011

Electronic Signature of Signing Officer or Director

Date