

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27100 (9)
1. Corporation Name
CHAPTER #110, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED



Principal Place of Business
**C.E.L. CHURCH
5309 U.S. HIGHWAY 41
APOLLO BEACH FL 33572
US**

Mailing Address
**PO BOX 1355
RIVERVIEW FL 33569**

3. Date Incorporated or Qualified **06/23/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

**HILTON, JAMES E
6217 FLORIDA CIRCLE WEST
APOLLO BEACH FL 33572**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNINSON, ROBERT D	
STREET ADDRESS	906 W MCGEE RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILTON, JAMES E.	
STREET ADDRESS	6217 FLORIDA CIRCLE WEST	
CITY-ST-ZIP	APPOLO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAULKNER, BUSTER E	
STREET ADDRESS	2027 SARAH LOUISE DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAREHIME, REASON F	
STREET ADDRESS	10723 BURRITO DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNIGAN, ALVIN R	
STREET ADDRESS	10510 DEEPBROOK DR	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James E. Hilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 813-641-3728
Date Daytime Phone

CR2E037 (12/95)