

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90001 015 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27100** ✓

**1. Corporation Name**

**CHAPTER #110, DISABLED AMERICAN VETERANS, DEPART  
MENT 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

5 587537-90001-15 7



**2. Principal Place of Business**

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

**2a. Mailing Address**

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

**3. Date Incorporated or Qualified**

06/23/1988

**4. FEI Number**

NOT APPLICABLE

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Election Campaign Financing**

☐

**\$5.00** May Be  
Added to Fees

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

WAREHIME, REASON F  
10723 BURRITO DR  
RIVERVIEW FL 33569

**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 ☐ DELETE

NAME JENNINSON, ROBERT D  
STREET ADDRESS 906 W MCGEE RD  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME HILTON, JAMES E  
STREET ADDRESS 744 OCEANSIDE CT  
CITY-ST-ZIP RUSKIN FL 33570

TITLE ☐ DELETE

NAME FAULKNER, BUSTER E  
STREET ADDRESS 2027 SARAH LOUISE DR  
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME WAREHIME, REASON F  
STREET ADDRESS 10723 BURRITO DRIVE  
CITY-ST-ZIP RIVERVIEW FL

TITLE ☒ DELETE

NAME DUNIGAN, ALVIN R  
STREET ADDRESS 10510 DEEPBROOK DR  
CITY-ST-ZIP RIVERVIEW FL

TITLE ☒ DELETE

NAME DESARIO, JOSEPH  
STREET ADDRESS 713 MASTERPIECE DR.  
CITY-ST-ZIP SUN CITY CENTER FL 33573

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME SNYDER, Richard B.  
5.3 STREET ADDRESS 2017 El Rancho Dr.  
5.4 CITY-ST-ZIP Sun City Center, FL 33573

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME RULEY, Lawrence D.  
6.3 STREET ADDRESS 827 Walsingham Way  
6.4 CITY-ST-ZIP Valrico, FL 33594

**14. 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 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, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE**

**(813) 677 6241**

**Daytime Phone #**