


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90007 031 ****70.00

DOCUMENT # N29090 1. Entity Name SANTA ROSA CHAPTER 125 DISABLED AMERICAN VETERANS, INC.					
Principal Place of Business 5051 E SPENCERFIELD RD BOX 44 PACE, FL 32571 US			Mailing Address 5051 E SPENCERFIELD RD BOX 44 PACE, FL 32571 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0169753	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOODWIN, II, RAYMOND J 5092 E SPENCER FIELD RD PACE, FL 33571-9088				7. Name and Address of New Registered Agent Name TANAE KNUEPPEL Street Address (P.O. Box Number is Not Acceptable) 6109 Sheree DR City MILTON FL Zip Code 32570	
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 <u>Raymond J. Goodwin II</u> <i>Raymond J. Goodwin II</i> DATE <u>5-10-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MERIDETH, LUTHER 4729 CARLYN DRIVE PACE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GRILLOT, EDWIN L 5605 WINDERMERE TRC PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GUPITT, JR., THOMAS 108 TOM SAWYER RD. MILTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAYMOND J. Goodwin II 5092 E. Spencer Field Rd PACE, FL 32571-9088	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HEINEY, CHARLES E 5749 WINDEMERE TR PACE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICH, CALVIN D 4318 MUNDY LN PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete GOODWIN, I, RAYMOND J 5092 E SPENCER FIELD RD PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TANAE KNUEPPEL 6109 Sheree DR. MILTON, FL 32570	
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: <u>Raymond J. Goodwin II</u> <i>Raymond J. Goodwin II</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-10-04</u> Daytime Phone # <u>850-995-0442</u>		