

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N29508 (1)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, JOHN T. HE
NSLEY UNIT # 96 INC.

Principal Place of Business

PO BOX 1425
LAKE PANASOFFKEE FL 33538

Mailing Address

PO BOX 1425
LAKE PANASOFFKEE FL 33538-1425



3. Date Incorporated or Qualified
12/01/1988

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEEMAN, CHERIE C.
C.R. 763 P.O. 471 S. PINE ST.
BUSHNELL FL 33513

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 PD ☒ DELETE
NAME SCHANTZ, HARRIET O
STREET ADDRESS 577 C R 489
CITY-ST-ZIP LAKE PANASOFFKEE FL

TITLE TD ☒ DELETE
NAME DOTY, MIRIAN
STREET ADDRESS C.R. 459 LOT #41
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE SD ☒ DELETE
NAME HICKMAN, CARRIE
STREET ADDRESS P.O. 473 SOUTHLAND ST.
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ADD ☐ DELETE
NAME KLEEMAN, CHERIE' C.
STREET ADDRESS C.R. 763 - PO BOX 471
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Barbara Kurrash
1.3 STREET ADDRESS 3814 CR 405 N
1.4 CITY-ST-ZIP Lake Panasoffkee FL 33538

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Joyce McDonald
2.3 STREET ADDRESS 5729 N CR 470
2.4 CITY-ST-ZIP Lake Panasoffkee FL 33538

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Joyce McDonald
3.3 STREET ADDRESS 5729 N CR 470
3.4 CITY-ST-ZIP Lake Panasoffkee FL 33538

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE *[Signature]* DATE *4-22-97*

CR2E037 (9/96)