

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 042 ****61.25

DOCUMENT # N29508

1. Entity Name

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



Principal Place of Business

Mailing Address

PO BOX 1425
LAKE PANASOFFKEE FL 33538

PO BOX 1425
LAKE PANASOFFKEE FL 33538

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMAN, CARRIE
205 SOUTHLAND AVE
PO BOX 473
BUSHNELL FL 33573

Name Barbara Kurrasch

Street Address (P.O. Box Number is Not Acceptable)
3814 County Rd. 405N.

Lake Pa

City Lake Panasoffkee

FL

Zip Code 33536

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2/5/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME DUNCAN, KARMEN
STREET ADDRESS 3814 CR 405N
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE PD ☒ Change ☐ Addition
NAME Barbara Clark
STREET ADDRESS 403 Temple ST.
CITY-ST-ZIP Inverness, FL 34452

TITLE SRVC ☒ Delete
NAME KURRASCH, BARBARA
STREET ADDRESS 3814 CR 405N
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE SRVC ☒ Change ☐ Addition
NAME Lynda Cooper
STREET ADDRESS
CITY-ST-ZIP

TITLE SRVT ☐ Delete
NAME CHURCH, LILA M
STREET ADDRESS 5760 SW 18TH TERRACE
CITY-ST-ZIP BUSHNELL FL 33513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☒ Delete
NAME MCDONALD, JOYCE
STREET ADDRESS 5729 N CR 470
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE Adjutant ☒ Change ☐ Addition
NAME Marie Bare
STREET ADDRESS 14093 Sandy Dr
CITY-ST-ZIP Brooksville, FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Barbara M. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 352-860-2492

Date Daytime Phone #