

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29508

FILED
Jun 01, 2009
Secretary of State

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

Current Principal Place of Business:

PO BOX 1425
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

COUNTY ROAD 489
LAKE PANASOFFKEE, FL 33538

Current Mailing Address:

PO BOX 1425
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 23-7337041 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KURRASCH, BARBARA
3814 COUNTY RD. 405 N.
LAKE PANASOFFKEE, FL 33536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, BARBARA
Address: 403 TEMPLE STREET
City-St-Zip: INVERNESS, FL 34452

Title: SRVC () Delete
Name: DUNCAN, KARMEN
Address: 2227 COUNTY RD 452
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SRVT () Delete
Name: CHURCH, LILA M
Address: 5760 SW 18TH TERRACE
City-St-Zip: BUSHNELL, FL 33513

Title: A () Delete
Name: BARE, MARIE
Address: 14093 SANDY DR.
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUNCAN, KARMEN
Address: 2227 COUNTY RD 452
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SRVC (X) Change () Addition
Name: KURRASCH, BARBARA
Address: 3814 COUNTY RD 405 N.
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE BARE

TREA

06/01/2009

Electronic Signature of Signing Officer or Director

Date