

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29508

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

COUNTY ROAD 489  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**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 ( )**

**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  
Name: DUNCAN, KARMEN  
Address: 2227 COUNTY RD 452  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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

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

Title: TREA  
Name: BARE, MARIE  
Address: 14093 SANDY DR.  
City-St-Zip: BROOKSVILLE, FL 34613

I hereby 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 all other like empowered.

SIGNATURE: MARIE BARE

TREA

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date