

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30681 (3)

1. Corporation Name

ORANGE BLOSSOM GARDENS CHAPTER 150, DISABLED AMERICAN VETERANS, INCORPORATED

Principal Place of Business

Mailing Address

1403 PARADISE DRIVE
OBG RECREATION COMPLEX
LADY LAKE FL 32159

PO BOX 675
LADY LAKE FL 32158



3. Date Incorporated or Qualified
02/14/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

31-1216257

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

2. Principal Place of Business

2a. Mailing Address

21 **1403 Paradise Drive**

26 **P.O. Box 675**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **OBG Recreation Complex**

27

City & State

City & State

23 **Lady Lake**

28 **Lady Lake**

Zip

Country

Zip

Country

24 **32159**

25 **Lake**

29 **32158**

30 **Lake**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITNER, JAMES P.
1203 GRANADA COURT
LADY LAKE FL 32159

WHITNEY JAMES P
1203 GRANADA COURT
LADY LAKE FL 32159

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~D
LANG, RAYMOND W.
1603 CORNELL DR
LADY LAKE FL~~

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
WORTH, ROBERT W.
530 CHULA VISTA AVE.
LADY LAKE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
JACKSON, MARVIN E.
919 TARRSON BLVD
LADY LAKE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
RITTER, THOMAS H.
832 TARRSON BLVD.
LADY LAKE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas H. Ritter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

753-2678

Date

Daytime Phone #

CR2E037 (12/95)