


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90033 038 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30681**

1. Corporation Name

**ORANGE BLOSSOM GARDENS CHAPTER 150, DISABLED AMERICAN VETERANS, INCORPORATED**

Principal Place of Business

1403 PARADISE DRIVE  
 OBG RECREATION COMPLEX  
 LADY LAKE FL 32159

Mailing Address

832 TARRSON BLVD.  
 LADY LAKE FL 32158



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/14/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		31-1216257	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**SIEVERS, HAROLD**  
**610 ST ANDREWS I**  
**LADY LAKE FL 32159**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

*Harold Sievers*

4-13-99

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	
TITLE	DJVC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORCH, ROBERT W.	1.2 NAME	
STREET ADDRESS	530 CHULA VISTA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	1.4 CITY-ST-ZIP	
TITLE	DSVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARVIN E.	2.2 NAME	
STREET ADDRESS	919 TARRSON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	2.4 CITY-ST-ZIP	
TITLE	DA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, THOMAS H	3.2 NAME	
STREET ADDRESS	832 TARRSON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	3.4 CITY-ST-ZIP	
TITLE	DIPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, JAMES P	4.2 NAME	
STREET ADDRESS	1203 GRANADA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas H Ritter*

4/13/99 - 352-753-2678

Date

Daytime Phone #

CR2E037 (11/98)