

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 040 \*\*\*\*61.25

**DOCUMENT # N30681**

1. Entity Name  
**ORANGE BLOSSOM GARDENS CHAPTER 150,  
 DISABLED AMERICAN VETERANS, INCORPORATED**



Principal Place of Business  
**1203 GRANADA COURT  
 LADY LAKE, FL 32159**

Mailing Address  
**1203 GRANADA COURT  
 LADY LAKE, FL 32159**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01212007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**31-1216257**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WHITNEY, JAMES P  
 1203 GRANADA COURT  
 LADY LAKE, FL 32159**

**7. Name and Address of New Registered Agent**

Name **WILLIAM A. OSTER**

Street Address (P.O. Box Number is Not Acceptable)  
**624 ELKSWORTH WAY**

City **THE VILLAGES FL** Zip Code **32162**

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 *William A. Oster* **WILLIAM A. OSTER** **CHAPTER ADJUTANT** **1/26/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROGERS, CHARLIE J MR 721 CAMELIA COURT LADY LAKE, FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC BUSBY, ROBERT MR 2309 LAMAR LANE LADY LAKE, FL 32162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1YT MINGUS, FRED MR 1441 W SCHWARZ BLVD LADY LAKE, FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WHITNEY, JAMES P ESQ 1203 GRANADA CT LADY LAKE, FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2YT SIZEMORE, ROBERT R MR 1320 E. SCHWARTZ BLVD LADY LAKE, FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3YT PATELLA, JOHN N 534 CARRERA DRIVE LADY LAKE, FL 32159	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William A. Oster* **WILLIAM A. OSTER** **1/26/07** **352-753-9767**

Signature and typed or printed name of signing officer or director Date Daytime Phone #