

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 # **N30969** (2)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF FLORIDA, INC.



Principal Place of Business

Mailing Address

17601 VETERANS WAY
P. O. BOX 999
MICANOPY FL 32667-7999

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P. O. BOX 999
MICANOPY FL 32667-7999

3. Date Incorporated or Qualified **03/02/1989** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7331165	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, LUCILLE O.
3420 BAYSHORE BLVD. NE
ST. PETERSBURG FL 33703

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	
TITLE	PD MCLAUGHLIN, GRACE A 1355 SE STARKLAKE CT PORT ST LUCIE FL	11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	BARZELOGNA, Sunny Joan
STREET ADDRESS		13 STREET ADDRESS	Rt 1, Box 146-D
CITY-ST-ZIP		14 CITY-ST-ZIP	Bunnell, FL 32110
TITLE	VPD BARZELOGNA, SUNNY JOAN RT 1 BOX 146-D BUNNELL FL	21 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	HICKMAN, Carrie Ann
STREET ADDRESS		23 STREET ADDRESS	205 S Land Place
CITY-ST-ZIP		24 CITY-ST-ZIP	Bushnell, FL 33513
TITLE	VP HICKMAN, CARRIE A 205 S LAND PLACE BUSHNELL FL	31 TITLE	FOSTER, Dorothy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	3999 24th St W 13R 306
STREET ADDRESS		33 STREET ADDRESS	Bradenton, FL 34205
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	TD ROUSSEY, DELORES ANN 1447 FOGGY RIDGE PRKW LUTZ FL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	SD EGAN, KAY 104 COUNTRY CLUB PARKWAY LEHIGH ACRES FL 33936	51 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	DUFFY, Marjorie
STREET ADDRESS		53 STREET ADDRESS	876 Coquina Drive W
CITY-ST-ZIP		54 CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Delores Ann Roussey*
Delores Ann Roussey, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96

Date

813-949-1127

Daytime Phone #

CR2E037 (12/95)