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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30969 (2)

1. Corporation Name
DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF FLORIDA, INC.



Principal Place of Business 17801 VETERANS WAY P. O. BOX 999 MICANOPY FL 32667-7999	Mailing Address 17801 VETERANS WAY P. O. BOX 999 MICANOPY FL 32667-0999
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3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 23-7331165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

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

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, GRACE A	
STREET ADDRESS	1355 SE STARKLAKE CT	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BARZELOGNA, SUNNY JOAN	
STREET ADDRESS	RT 1 BOX 148-D	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HICKMAN, CARRIE A	
STREET ADDRESS	205 S LAND PLACE	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROUSSEY, DELORES ANN	
STREET ADDRESS	1447 FOGGY RIDGE PRKW	
CITY-ST-ZIP	LUTZ FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, KAY	
STREET ADDRESS	104 COUNTRY CLUB PARKWAY	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HICKMAN, Carrie A	
1.3 STREET ADDRESS	205 S Land Place	
1.4 CITY-ST-ZIP	Bushnell, FL 33513	
2.1 TITLE	Vice President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FOSTER, Dorothy	
2.3 STREET ADDRESS	3999 24th St W 13R 306	
2.4 CITY-ST-ZIP	Bradenton, FL 34205	
3.1 TITLE	Vice President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BEVERLY, Nina L.	
3.3 STREET ADDRESS	8 Joiner	
3.4 CITY-ST-ZIP	St. Augustine, FL 32084	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Secretary Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KLEEMAN, Cherie'	
5.3 STREET ADDRESS	205 S Lane Place	
5.4 CITY-ST-ZIP	Bushnell, FL 33513	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *DeLores Ann Roussey* 813 949-1127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011807

CR2E037 (9/96)