

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT Amended 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 17601 VETERANS WAY P.O. BOX 999 MICANOPY, FL 32667-7999	Mailing Address 17601 VETERANS WAY P.O. BOX 999 MICANOPY, FL 32667-0999
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Report 02/21/97
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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOSTER, Dorothy	
STREET ADDRESS	4000 - 20th St W 17-R-110	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BEVERLY, Nina L.	
STREET ADDRESS	8 Joiner Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LANGE, Ramona	
STREET ADDRESS	1447 Foggy Ridge Parkway	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROUSSEY, Delores Ann	
STREET ADDRESS	1447 Foggy Ridge Parkway	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARZELOGNA, Sunny Joan	
STREET ADDRESS	R 1 Box 146-D	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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*
 Delores Ann Roussey, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/97 Date
 813 949-7600 Daytime Phone #

CR2E037 (9/96)