

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified
03/02/1989

4. FEI Number **23-7331165** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD FOSTER, DOROTHY**

STREET ADDRESS **4000 20TH ST W 17-R-110**

CITY-ST-ZIP **BRADENTON FL 34205**

TITLE DELETE

NAME **VPD BEVERLY, NINA L.**

STREET ADDRESS **8 JOINER STREET**

CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE DELETE

NAME **VPD LANGE, RAMONA**

STREET ADDRESS **1447 FOGGY RIDGE PARKWAY**

CITY-ST-ZIP **LUTZ FL 33549**

TITLE DELETE

NAME **TD ROUSSEY, DELORES ANN**

STREET ADDRESS **1447 FOGGY RIDGE PRKW**

CITY-ST-ZIP **LUTZ FL 33549**

TITLE DELETE

NAME **SD BARZELOGNA, SUNNY JOAN**

STREET ADDRESS **R 1 BOX 146-D**

CITY-ST-ZIP **BUNNELL FL 32110**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **PD BEVERLY, Nina L.**

1.3 STREET ADDRESS **8 Joiner Street**

1.4 CITY-ST-ZIP **St. Augustine, FL 32084**

2.1 TITLE Change Addition

2.2 NAME **VPD LANGE, Ramona M.**

2.3 STREET ADDRESS **1447 Foggy Ridge Parkway**

2.4 CITY-ST-ZIP **Lutz, FL 33549**

3.1 TITLE Change Addition

3.2 NAME **VPD Kay Egan**

3.3 STREET ADDRESS **104 Country Club Parkway**

3.4 CITY-ST-ZIP **Lehigh Acres, FL 33972**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 my attachment with an address.

SIGNATURE _____

CR2E037 (10/97)