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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30969

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 32667-7999



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7331165	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BEVERLY, NINA L 8 JOINER STREET ST AUGUSTINE FL 32084	1.1 TITLE	PD LANGE, Ramona M 1447 Foggy Ridge Parkway Lutz, FL 33549
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD LANGE, RAMONA M 1447 FOGGY RIDGE PARKWAY LUTZ FL 33549	2.1 TITLE	VPD EGAN, Kay 1647 Country Club Parkway Lehigh Acres, FL 33972
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD EGAN, KAY 104 COUNTRY CLUB PARKWAY LEHIGH ACRES FL 33972	3.1 TITLE	VPD DOUGLAS, Amelia 7785 US Hwy 17 S Zolfo Springs, FL 33890
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD ROUSSEY, DELORES ANN 1447 FOGGY RIDGE PRKW LUTZ FL 33549	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD BARZELOGNA, SUNNY JOAN R 1 BOX 146-D BUNNELL FL 32110	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address, with all other like empowered.

SIGNATURE: *DeLores Ann Roussey* 6/7/99 941 332-4233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)