

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30969

FILED
Apr 30, 2009
Secretary of State

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

2015 SW 75TH STRET
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

407 FLETCHER STREET
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 23-7331165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCARTHY, LUCILLE O.
25 CAPTAIN COVE
INGLIS, FL 344490147 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: CLAMP, JUDITH
Address: 12708 LITEWOOD DR.
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: KURRASCH, BARBARA J
Address: 3814 COUNTY RD 405 N
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: FRANZ, DIANE
Address: 3028 LITTLE CYPRESS COVE
City-St-Zip: WINTER PARK, FL 32792

Title: TD () Delete
Name: ROUSSEY, DELORES
Address: 407 FLETCHER STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: SD () Delete
Name: BARZELOGNA, SUNNY JOAN
Address: R 1 BOX 146-D
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: MCLAUGHLIN, DEBBIE
Address: 1910 YALE AVENUE
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KURRASCH, BARBARA J
Address: 3814 COUNTY RD 405 N
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES ANN ROUSSEY

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date