2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2012
Secretary of State

DOCUMENT# N30969

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 ( )**

Name and Address of Current Registered Agent:

MCCARTHY, LUCILLE O.
25 CAPTAIN COVE
INGLIS, FL 34449 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
Name: CHRISTIAN, BILLIE JEAN
Address: 3005 ANNISTON ROAD
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: SD
Name: FRANZ, DIANE
Address: 3028 LITTLE CYPRESS COVE
City-St-Zip: WINTER PARK, FL 32792

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

Title: D
Name: BARE, DELPHIA
Address: 14093 SANDY DRIVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D
Name: VANSANDT, PAUL
Address: 24310 BROWNING PLACE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: EGAN, KAY
Address: 1647 COUNTRY CLUB PARKWAY
City-St-Zip: LEHIGH ACRES, FL 33936 53

I hereby 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 all other like empowered.

SIGNATURE: DELORES ANN ROUSSEY TD 03/10/2012

Electronic Signature of Signing Officer or Director — Date