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AND
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96 MAY -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31306 (6)

1. Corporation Name

**DISABLED AMERICAN VETERANS AUXILIARY SUNCOAST UN
IT 139, INC.**

Principal Place of Business

Mailing Address

8940 W. VETERANS DRIVE
%KARMEN DUNCAN
HOMOSASSA FL 32646
US

8940 W. VETERANS DRIVE
%KARMEN DUNCAN
HOMOSASSA FL 32634
US

3. Date Incorporated or Qualified
03/24/1989

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **34448**

25 Citrus

29 **34448**

30 Citrus

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNCAN, KARMEN
P.O. BOX 1461
LAKE PANASOFFKEE FL 33538

81 Name **DOROTHEA Hall**
82 Street Address (P.O. Box Number is Not Acceptable)
7481 W. Wilder CT.
83
84 City **HOMOSASSA** FL 85 Zip Code **34448**

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 **DOROTHEA P. Hall** *Dorothea P. Hall*

DATE **4/1/96**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Pres** ☐ DELETE
NAME **HALL, DOROTHEA**
STREET ADDRESS **7481 W. WILDER CT.**
CITY - ST - ZIP **HOMOSASSA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VP** ☒ DELETE
NAME **DUNCAN, KARMEN**
STREET ADDRESS **P.O. BOX 1461**
CITY - ST - ZIP **LAKE PANASOFFKEE FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **RITA GEORGE**
2.3 STREET ADDRESS **P.O. BOX 2046**
2.4 CITY - ST - ZIP **HOMOSASSA, SPRINGS, FL 34447**

TITLE **VP** ☐ DELETE
NAME **PALUSKA, ANNE**
STREET ADDRESS **16 LYSILOMA COURT, SMW**
CITY - ST - ZIP **HOMOSASSA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **Treas** ☐ DELETE
NAME **MILLIMAN, HELEN**
STREET ADDRESS **1833 S. IROQUOIS**
CITY - ST - ZIP **HOMOSASSA SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **Secy** ☐ DELETE
NAME **MILLIMAN, HELEN**
STREET ADDRESS **1833 S. IROQUOIS**
CITY - ST - ZIP **HOMOSASSA SPRINGS FL** **34448**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Helen A. Milliman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/96** 352-795-2772
Daytime Phone

CR2E037 (12/95)