

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31306** (6)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY SUNCOAST UNIT 139, INC.

Principal Place of Business

Mailing Address

**6940 W. VETERANS DRIVE
HOMOSASSA FL 34448
US**

**6940 W. VETERANS DRIVE
HOMOSASSA FL 34448
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7331162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, DOROTHY
7481 W WILDER CT.
HOMOSASSA FL 34448**

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

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 **P** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **George Rita**
1.3 STREET ADDRESS **P.O. Box 2046 N/A**
1.4 CITY-ST-ZIP **HOMOSASSA SPRS FL 34447**

TITLE **V** ☐ DELETE

NAME **GEORGE, RITA**
STREET ADDRESS **P.O. BOX 2046 N/A**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**

2.1 TITLE **V.** ☐ Change ☐ Addition

2.2 NAME **ALDA MANN**
2.3 STREET ADDRESS **3598 S JUNKET DR.**
2.4 CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **VD** ☐ DELETE

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

3.1 TITLE **V.D. HALL Dorothea** ☐ Change ☐ Addition

3.2 NAME **7481 W. WILDER CT.**
3.3 STREET ADDRESS **HOMOSASSA FL 34448**
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

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

4.1 TITLE **T.D. Rittredge Barbara** ☐ Change ☐ Addition

4.2 NAME **P.O. Box 5087**
4.3 STREET ADDRESS **SPRINGS HILL FL 34611**
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

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

5.1 TITLE **S. Ruth ORlinger** ☐ Change ☐ Addition

5.2 NAME **Box 446 N/A**
5.3 STREET ADDRESS **HOMOSASSA SPRS. FL 34447**
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 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.

SIGNATURE

SIGNATURE REQUIRED *[Signature]* 7-22-97

CR2E037 (4/97)