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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N31306

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY SUNCOAST UN
IT 139, INC.

Principal Place of Business

8940 W. VETERANS DRIVE
HOMOSASSA FL 34448
US

Mailing Address

8940 W. VETERANS DRIVE
HOMOSASSA FL 34448
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/24/1989

4. FEI Number

23-7331162

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HALL, DOROTHY
7481 W WILDER CT
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

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

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

☐ DELETE

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

☐ DELETE

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

☒ DELETE

TITLE TDSD
NAME MILLMAN, HELEN
STREET ADDRESS 1833 S. IROQUOIS
CITY-ST-ZIP HOMOSASSA SPRINGS FL

☐ DELETE

TITLE SD
NAME OBLINGER, RUTH
STREET ADDRESS BOX 446 N/A
CITY-ST-ZIP HOMOSASSA SPRINGS FL

☐ DELETE

TITLE V
NAME MANN, ALDA
STREET ADDRESS 3598 S JUNKET DR
CITY-ST-ZIP HOMOSASSA FL

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)