


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90360 032 \*\*\*\*61.25

<b>DOCUMENT # N31648</b> 1. Entity Name <b>DISABLED AMERICAN VETERANS AUXILIARY CADD</b> <b>HADDON UNIT #67, INC.</b>					
Principal Place of Business 16314 CORTEZ BOULEVARD BROOKSVILLE, FL 34601 US			Mailing Address PO BOX 10420 BROOKSVILLE, FL 34601-0420 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2594404</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>EASTIN, WINONA O</b> <b>10218 NODDY TERN RD.</b> <b>BROOKSVILLE, FL 34613</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOUYOU, BARBARA</b> <b>3010 BAYSHORE DR</b> <b>SPRING HILL, FL 34608</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>Paul VanSandt</b> <b>24310 Browning PL</b> <b>Brooksville, FL 34601</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MISAMORE, CECILIA A</b> <b>14043 ALLSTON AVE</b> <b>SPRING HILL, FL 34609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FREDERICI, MARIE</b> <b>4300 DRISTOL AVE</b> <b>SPRING HILL, FL 34609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Eleanor Lombardo</b> <b>3171 Greynolds Ave.</b> <b>Spring Hill, FL 34608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HENNESSEY, JANE E</b> <b>5185 BONE LN</b> <b>BROOKSVILLE, FL 34604</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Betty VanSandt</b> <b>24310 Browning PL</b> <b>Brooksville, FL 34601</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>EASTON, WINONA O</b> <b>10218 NODDY TERN RD</b> <b>BROOKSVILLE, FL 34613</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Correct Spelling</b> <b>Eastin</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Winona O. Eastin</b> <i>Winona O. Eastin</i> <b>3/6/07</b> <b>(352) 916-9280</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					