2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N31648

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY CADDA HADDON UNIT #67, INC.

Current Principal Place of Business:

16314 CORTEZ BOULEVARD
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10420
BROOKSVILLE, FL 346010420 US

New Mailing Address:

PO BOX 10420
BROOKSVILLE, FL 346030420 US

FEI Number: 59-2594404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EASTIN, WINONA O
10218 NODDY TERN RD.
BROOKSVILLE, FL 34613 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:	P	( ) Delete
Name:	VANSANDT, PAUL	
Address:	24310 BROWNING PL	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	VP	( ) Delete
Name:	MISAMORE, CECELIA A	
Address:	14043 ALLSTON AVE	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	V	( ) Delete
Name:	LOMBARDO, ELEANOR	
Address:	3171 GREYNOLDS AVE	
City-St-Zip:	SPRING HILL, FL 34608	
Title:	VPD	( ) Delete
Name:	VANSANDT, BETTY	
Address:	24310 BROWNING PL	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	TD	( ) Delete
Name:	EASTIN, WINONA O	
Address:	10218 NODDY TERN RD	
City-St-Zip:	BROOKSVILLE, FL 34613	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	HOUYOU, BARBARA	
Address:	3010 BAYSHORE DR	
City-St-Zip:	SPRING HILL, FL 34608	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WINONA O. EASTIN TRES 01/13/2009

Electronic Signature of Signing Officer or Director — Date