

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31648

FILED
Jan 06, 2010
Secretary of State

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 346030420 US

New Mailing Address:

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
Name: MISAMORE, CECELIA A
Address: 14043 ALLSTON AVE
City-St-Zip: SPRING HILL, FL 34609

Title: VP
Name: LOMBARDO, ELEANOR
Address: 3171 GREYNOLDS AVE
City-St-Zip: SPRING HILL, FL 34608

Title: V
Name: CAPELLARO, BARBARA
Address: 3010 BAYSHORE DR
City-St-Zip: SPRING HILL, FL 34608

Title: VPD
Name: CLAMP, JUDITH
Address: 12708 LITEWOOD DR
City-St-Zip: HUDSON, FL 34669

Title: TD
Name: EASTIN, WINONA O
Address: 10218 NODDY TERN RD
City-St-Zip: BROOKSVILLE, FL 34613

I hereby 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 all other like empowered.

SIGNATURE: WINONA O. EASTIN

TRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date