

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31648

FILED  
Jan 08, 2011  
Secretary of State

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY CADDY 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: VANSANDT, PAUL  
Address: 24310 BROWNING PLACE  
City-St-Zip: BROOKSVILLE, FL 34601

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

TREA

01/08/2011

Electronic Signature of Signing Officer or Director

Date