FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 23 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31821 (4)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, GREATER DAYTONA UNIT 84, INC.

Principal Place of Business	Mailing Address
605 8TH STREET HOLLY HILL FL 32117	605 8TH STREET HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 05/19/1994
4. FEI Number: 23-7331161 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

GUTHRIE, MILDRED
1558 DAYTONA AVE
HOLLYHILL FL 32117

10. Name and Address of New Registered Agent

61 Name: HELEN M. ROY
62 Street Address (P.O. Box Number is Not Acceptable): 1335 FLEMING AVE
63: LOT 112
64 City: ORMOND BEACH FL 65 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Helen M. Roy — 2/13/95 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C ☒ Change ☐ Addition
NAME	GUTHRIE, MILDRED	1.2 NAME	ROY, HELEN M.
STREET ADDRESS	1558 DAYTONA AVENUE	1.3 STREET ADDRESS	1335 FLEMING AVE, LOT 112
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	ROY, HELEN	2.2 NAME	OLSEN, ANNA SELMA
STREET ADDRESS	1335 FLEMING AVE / STE - 112	2.3 STREET ADDRESS	1133 GOLFVIEW DR.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VD	3.1 TITLE	VD ☐ Change ☐ Addition
NAME	SWEENEY, HELEN B	3.2 NAME	SAME
STREET ADDRESS	2 ROCK COVE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL, 32119	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T ☐ Change ☐ Addition
NAME	FORSTER, HELEN	4.2 NAME	SAME
STREET ADDRESS	1000 WALKER / STE - 292	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL, 32117	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD ☐ Change ☐ Addition
NAME	CERVIZZI, CHRISTINE	5.2 NAME	SAME
STREET ADDRESS	3 PARADISE FALLS CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL, 32174	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	PD ☒ Change ☐ Addition
NAME	CORMIER, JUNE	6.2 NAME	GUTHRIE, MILDRED
STREET ADDRESS	3010 ANCHOR DR	6.3 STREET ADDRESS	1558 DAYTONA AVE
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	HOLLY HILL, FL 32117

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Helen M. Roy — 2/13/95 — (904) 673-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HELEN M. ROY

0023418