

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31821 (4)

1. Corporation Name

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

Principal Place of Business

805 8TH STREET
HOLLY HILL FL 32117

Mailing Address

805 8TH STREET
HOLLY HILL FL 32117



3. Date Incorporated or Qualified
04/20/1989

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7331161

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY, HELEN M
1335 FLEMING AVE
LOT 112
ORMOND BEACH FL 32174

81 Name

OLSEN, ANNA S.

82

Street Address (P.O. Box Number is Not Acceptable)

1133 Golfview Dr.

83

Daytona Beach, FL 32119

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Anna S. Olsen *Anna S. Olsen*

5-11-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when cancelling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ROY, HELEN M	
STREET ADDRESS	1335 FLEMING AVE. LOT 112	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OLSEN, ANNA S	
STREET ADDRESS	1133 GOLFVIEW DR	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SWEENEY, HELEN B	
STREET ADDRESS	2 ROCK COVE CT	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORSTER, HELEN	
STREET ADDRESS	1000 WALKER / STE - 292	
CITY - ST - ZIP	HOLLY HILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CERVIZZI, CHRISTINE	
STREET ADDRESS	3 PARADISE FALLS CIR	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTHRIE, MILDRED	
STREET ADDRESS	1558 DAYTONA AVE	
CITY - ST - ZIP	HOLLY HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Olsen, Anna S.	
13 STREET ADDRESS	1133 Golfview Dr.	
14 CITY - ST - ZIP	Daytona Beach, FL 32119	
21 TITLE	SR. VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Deery, Shelley	
23 STREET ADDRESS	289 S. Janice Lane	
24 CITY - ST - ZIP	Ormond Beach, FL 32114	
31 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	SAME ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	ADJUTANT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Mildred Tarvis	
53 STREET ADDRESS	1000 Walker, Lot 219	
54 CITY - ST - ZIP	Holly Hill, FL 32117	
61 TITLE	PAST COMMANDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Roy, Helen M.	
63 STREET ADDRESS	1335 Fleming Ave., Lot 112	
64 CITY - ST - ZIP	Ormond Beach, FL 32114	

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 199.07(3)(b), 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 Forster, Treasurer *Helen Forster*

4-11-96

904 239-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)