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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31821** (4)

1. Corporation Name

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

Principal Place of Business

**605 8TH STREET
HOLLY HILL FL 32117**

Mailing Address

**605 8TH STREET
HOLLY HILL FL 32117**

3. Date Incorporated or Qualified

04/20/1989

4. FEI Number

23-7331161

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEERY, SHELLEY
1433 GOLFVIEW DR.
289 S. JANICE LN.
ORMOND BCH FL 32174**

81 Name

BROWN, LISELOTTE

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

299 EDDIE AVE

83

HOLLY HILL

FL

85 Zip Code

32117

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

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

(LISELOTTE BROWN, CMDR.)
(NOTE: Registered Agent signature required when reinstating)

DATE
1/12/98

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE

NAME **DEERY, SHELLEY**
STREET ADDRESS **289 S. JANICE LN**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE **SRVC** ☒ DELETE

NAME **MCMILLEN, LINDA**
STREET ADDRESS **RET. 1 BOX 35**
CITY-ST-ZIP **BUNNELL FL**

TITLE **VD** ☒ DELETE

NAME **MCMILLEN, MARGARET**
STREET ADDRESS **301 E. HOWE ST.**
CITY-ST-ZIP **BUNNELL FL**

TITLE **T** ☒ DELETE

NAME **FORSTER, HELEN**
STREET ADDRESS **1000 WALKER ST./LOT 292**
CITY-ST-ZIP **HOLLY HILL FL**

TITLE **SD** ☐ DELETE

NAME **CERVIZZI, CHRISTINE**
STREET ADDRESS **3 PARADISE FALLS CIR**
CITY-ST-ZIP **ORMOND BEACH FL, 32174**

TITLE **PD** ☒ DELETE

NAME **OLSEN, ANNA S.**
STREET ADDRESS **1133 GOLFVIEW DR.**
CITY-ST-ZIP **DAYTONA BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☒ Change ☐ Addition

1.2 NAME **BROWN, LISELOTTE**

1.3 STREET ADDRESS **299 EDDIE AVE**

1.4 CITY-ST-ZIP **HOLLY HILL, FL 32117**

2.1 TITLE **SRVC** ☒ Change ☐ Addition

2.2 NAME **CORNIER, JUNE**

2.3 STREET ADDRESS **3010 ANCHOR DR.**

2.4 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

3.1 TITLE **VD** ☒ Change ☐ Addition

3.2 NAME **SWEENEY, HELEN**

3.3 STREET ADDRESS **1550 DAYTONA AVE**

3.4 CITY-ST-ZIP **HOLLY HILL, FL 32117**

4.1 TITLE **T** ☒ Change ☐ Addition

4.2 NAME **SKORUSA, MARIAN**

4.3 STREET ADDRESS **3191 S. PENINSULA DR**

4.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **← SAME**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **PD** ☒ Change ☐ Addition

6.2 NAME **DEERY, SHELLEY**

6.3 STREET ADDRESS **289 SOUTH JANICE LN**

6.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

14. I hereby certify that the information supplied with this filing 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:

Marian Skorusa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/12/98

CR2E037 (10/97)