

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90097 049 ****61.25

DOCUMENT # N31821

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRY, LOUISE
764 OSPREY DRIVE
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name **SCHNEE, LYDIA**

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

179 LEE ST

City **DAYTONA BEACH**

FL

Zip Code
32117

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lydia Schnee Cmde,
LYDIA SCHNEE, CMDE.

2/13/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete
NAME **BARRY, LOUISE**
STREET ADDRESS **764 OSPREY DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **SRVC** ☒ Delete
NAME **DUFFY, MARJORIE D**
STREET ADDRESS **876 COQUINA DRIVE WEST**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **VD** ☒ Delete
NAME **FLANAGAN, THERESS**
STREET ADDRESS **208 PONCE DE LEON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **T** ☐ Delete
NAME **SKORUSA, MARIAN**
STREET ADDRESS **3171 S PENINSULA DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **SD** ☒ Delete
NAME **SCHNEE, LYDIA**
STREET ADDRESS **179 LEE ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition
NAME **SCHNEE, LYDIA**
STREET ADDRESS **179 LEE ST**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE **SAVC** ☒ Change ☐ Addition
NAME **HAINES, KATHARINE**
STREET ADDRESS **2125 ROSEWOOD ST**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **VD** ☒ Change ☐ Addition
NAME **ROY, HELEN**
STREET ADDRESS **1335 FLEMING AVE, LOT 112**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **CERVIZZI, CHRISTINE**
STREET ADDRESS **3 PARADISE FALLS CR**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lydia Schnee Cmde.*
LYDIA SCHNEE, CMDE.

2/13/06 386-255-3383