

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90028 033 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

SCHNEE, LYDIA
179 LEE ST.
DAYTONA BEACH FL 32117

Name

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

City

FL

Zip Code

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, CMDR LYDIA SCHNEE, CMDR. 2/12/07

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, 2007**

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 SCHNEE, LYDIA
STREET ADDRESS 179 LEE ST
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE SRVC ☐ Delete
NAME HAINES, KATHARINE
STREET ADDRESS 2125 ROSEWOOD ST
CITY-ST-ZIP BUNNELL FL 32110

TITLE VD ☐ Delete
NAME ROY, HELEN
STREET ADDRESS 1335 FLEMING AVE., LOT 112
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE SD ☐ Delete
NAME CERVIZZI, CHRISTINE
STREET ADDRESS 3 PARADISE FALLS CIR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 (Cmdr.)

LYDIA SCHNEE, CMDR

(386) 255-3383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #