

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90023 008 ****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 (10/07)

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 SR
DAYTONA BEACH FL 32117**

Name **HAINES, KATHARINE**

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

2125 ROSEWOOD ST.

City **BUNNELL, FL**

FL

Zip Code

32110

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 *Katharine A. Haines*

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

(NOTE: Registered Agent signature required when reappointing)

2/11/08

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **VD** ☒ Change ☐ Addition
NAME **KELLAT, DOROTHY M**
STREET ADDRESS **2648 EDGEWATER AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Katharine A. Haines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 (386) 586-3504