2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N31821

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, GREATER DAYTONA UNIT 84, INC.

Current Principal Place of Business:

605 8TH STREET
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

605 8TH STREET
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAINES, KATHARINE
2125 ROSEWOOD ST.
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: HAINES, KATHALINE A
Address: 2125 ROSEWOOD ST
City-St-Zip: BUNNELL, FL 32110

Title: SRVC ( ) Delete
Name: HELEN, ROY M
Address: 1335 FLEMING AVE, LOT 112
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: KELLAT, DOROTHY M
Address: 2648 EDGEWATER AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete
Name: SKORUSA, MARIAN
Address: 3171 S PENINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD ( ) Delete
Name: CERVIZZI, CHRISTINE
Address: 3 PARADISE FALLS CIR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SRVC (X) Change ( ) Addition
Name: SCHEE, LYDIA
Address: 605 8TH STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: JVCO (X) Change ( ) Addition
Name: KOENIG, MARGARET
Address: 605 8TH STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ADJ (X) Change ( ) Addition
Name: HAMILTON, SUSAN
Address: 605 8TH STREET
City-St-Zip: HOLLY HILL, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIAN SKORUSA T 02/11/2009
Electronic Signature of Signing Officer or Director — Date