

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 9:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N33028 (4)

1. Corporation Name

**DISABLED AMERICAN VETERANS AUXILIARY - SGT. DAVI
D G. LEDGERWOOD, UNIT 92, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 740698
ORANGE CITY FL 32774-0698**

**P.O. BOX 740698
ORANGE CITY FL 32774-0698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

23-7051060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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

**VOELZ, VIVIAN
55 STATLER AVE
DEBARY FL 32713**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

SOUZA, GEORGETTE

STREET ADDRESS

135 LAKEWOOD DRIVE

CITY - ST - ZIP

DEBARY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**DP
MAJORIE PERRY
28 RIDGEVIEW DRIVE
DEBARY FL**

☒ Change

☐ Addition

TITLE

DPS

NAME

RUMMELL, EDNA

STREET ADDRESS

2831 DUNCAN STREET

CITY - ST - ZIP

DELTONA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**DPS
ANN TURCHIN
200 SUNNYDALE DRIVE
DEBARY FL**

☒ Change

☐ Addition

TITLE

DP

NAME

TURCHIN, ANN

STREET ADDRESS

300 SUNNYDALE DRIVE

CITY - ST - ZIP

DEBARY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

DT

NAME

VOELZ, VIVIAN

STREET ADDRESS

55 STATLER AVE

CITY - ST - ZIP

DEBARY FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

VIVIAN VOELZ *Vivian Voelz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

Date

**904
2740836**

Anytime Before 5