

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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



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

3. Date Incorporated or Qualified  
**06/28/1989**

3a. Date of Last Report  
**04/25/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

**VOELZ, VIVAN  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Vivian Voelz*  
Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERRY, MARJORIE	
STREET ADDRESS	28 RIDGEVIEW DR	
CITY-ST-ZIP	DEBARY FL	
TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	TURCHIN, ANN	
STREET ADDRESS	200 SUNNY DALE DR	
CITY-ST-ZIP	DEBARY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TURCHIN, ANN	
STREET ADDRESS	200 SUNNYDALE DRIVE	
CITY-ST-ZIP	DEBARY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	VOELZ, VIVAN	
STREET ADDRESS	55 STATLER AVE	
CITY-ST-ZIP	DEBARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELLA BECKWITH	
2.3 STREET ADDRESS	1535 N. NORMANDY BLVD	
2.4 CITY-ST-ZIP	DELTONA FLORIDA 32725	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/96**

Date

**904-774-0836**

Daytime Phone #

CR2E037 (12/95)