

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90020 030 ****61.25

DOCUMENT # N33028

1. Entity Name

DISABLED AMERICAN VETERANS AUXILIARY - SGT.
DAVID 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

34058971

2. Principal Place of Business

301 W. Blue Springs

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orange City, FL

Zip

32763

Country

Volusia

City & State

Orange City, FL

Zip

32763

Country

Volusia



MOORE

CR2E037 (11/03)

4. FEI Number

23-7051060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOELZ, VIVIAN
101 GRAND PLAZA D R4
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

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

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, 2004

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	DP	<input type="checkbox"/> Delete
NAME	VOELZ, VIVIAN	
STREET ADDRESS	101 GRAND PLAZA DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	BROWN, REBECCA	
STREET ADDRESS	1935 VIOLET TERR	
CITY-ST-ZIP	DELTONA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	OWEN, JOANN	
STREET ADDRESS	180 COUNTRYSIDE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VOELZ, VIVIAN	
STREET ADDRESS	101 GRAND PLAZA DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: VIVIAN VOELZ - Vivian Voelz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

386-7740826

Date

Daytime Phone #