

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N33193** (6)

1. Corporation Name

**DISABLED AMERICAN VETERANS AUXILIARY TAMPA UNIT  
#4, INC. DEPARTMENT OF FLORIDA**

Principal Place of Business

**2612 TAMPA STREET  
P O BOX 7561  
TAMPA FL 33673-7561**

Mailing Address

**2612 TAMPA STREET  
P O BOX 7561  
TAMPA FL 33673-7561**



3. Date Incorporated or Qualified  
**07/10/1989**

3a. Date of Last Report  
**04/18/1995**

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

**STANLEY, MARILYN E.  
2414 SOUTH RAMONA CIRCLE  
TAMPA FL 33612**

81 Name

**LANGE, Ramona M.**

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

**1447 Foggy Ridge Parkway**

83

84 City

**Lutz**

**FL**

85 Zip Code  
**33549**

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

*Ramona M. Lange*

4/29/96

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

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **LANGE, RAMONA**  
STREET ADDRESS **1447 FOGGY RIDGE PKWY.**  
CITY-ST-ZIP **LUTZ FL**

TITLE VD ☐ DELETE

NAME **GELVIN, HELEN**  
STREET ADDRESS **4119 E. LINEBAUGH, SUITE 801**  
CITY-ST-ZIP **TAMPA FL**

TITLE TD ☐ DELETE

NAME **REID, RITA**  
STREET ADDRESS **7812 LAKESIDE BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME **BURNETT, Maureen**  
1.3 STREET ADDRESS **3315 Fox Lake Drive**  
1.4 CITY-ST-ZIP **Tampa, FL 33618**

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME **JOHNSON, Jean**  
2.3 STREET ADDRESS **6908 Thrasher Drive**  
2.4 CITY-ST-ZIP **Tampa, FL 33610**

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME **MCFADDEN, Barbara**  
3.3 STREET ADDRESS **6815 N 48th Street**  
3.4 CITY-ST-ZIP **Tampa, FL 33610**

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME **LANGE, Ramona**  
4.3 STREET ADDRESS **1447 Foggy Ridge Parkway**  
4.4 CITY-ST-ZIP **Lutz, FL 33549**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Ramona M. Lange, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

813 949-1127

Daytime Phone #

CR2E037 (12/95)