

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33193** (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **1447 Foggy Ridge Pkwy**

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

**24** **9. Name and Address of Current Registered Agent**

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

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**23-7331178**

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

**LANCE, RAMONA M.  
1447 FOGGY RIDGE PARKWAY  
LUTZ FL 33549**

**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

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

**Ramona Lange**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANGE, RAMONA</b>	
STREET ADDRESS	<b>1447 FOGGY RIDGE PKWY.</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, JEAN</b>	
STREET ADDRESS	<b>6908 THRASHER DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCFADDEN, BARBARA</b>	
STREET ADDRESS	<b>6815 NORTH 48TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURNETT MAUREEN</b>	
STREET ADDRESS	<b>3315 FOX LAKE DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mols, June</b>	
1.3 STREET ADDRESS	<b>7116 N. Tampanis, Ave</b>	
1.4 CITY-ST-ZIP	<b>Tampa, FL 33614</b>	

2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Roussey, Delores</b>	
2.3 STREET ADDRESS	<b>1447 Foggy Ridge Pkwy</b>	
2.4 CITY-ST-ZIP	<b>Lutz, FL 33549</b>	

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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Lange, Ramona</b>	
4.3 STREET ADDRESS	<b>1447 Foggy Ridge Pky</b>	
4.4 CITY-ST-ZIP	<b>Lutz, FL 33549</b>	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*June Mols*

913-235-7022

CP2E037 (9/96)