


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90025 013 \*\*\*\*70.00

<b>DOCUMENT # N33193</b>	
<b>1. Entity Name</b>	
DISABLED AMERICAN VETERANS AUXILIARY TAMPA UNIT #4, INC. DEPARTMENT OF FLORIDA	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
2612 TAMPA STREET P O BOX 7561 TAMPA FL 33673-7561	3420 BAYSHORE BLVD. NE SAINT PETERSBURG FL 33703 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	3420 Bayshore Blvd. N.E.
City & State	St. Petersburg, FL
Zip	Country
33703-5510	Pinellas



1st MOORE CR2E037 (10/04)

<b>4. Name and Address of Current Registered Agent</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
MCGUIRE, ELIZABETH CPA 4721 E 98TH AVE TAMPA FL 33617			
<b>6. Name and Address of New Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>VD</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>Commander</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>HANKINS, CAROLYN</b>	<b>NAME</b>	<b>HENRIETTA N. CONDON</b>
<b>STREET ADDRESS</b>	<b>807 E GROVE AVE</b>	<b>STREET ADDRESS</b>	<b>9603 Pat Street</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33612</b>	<b>CITY-ST-ZIP</b>	<b>Hudson, FL 34669</b>
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MCCARTHY, LUCILLE O</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>3420 BAYSHORE BLVD NE</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>SAINT PETERSBURG FL 33703</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GELVIN, HELEN</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>6105 LAND O' LAKES BLVD</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>LAND O' LAKES FL</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** Lucille O. McCarthy *Lucille O McCarthy* **2-8-05 (727) 525-1229**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #