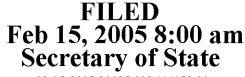
2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # N33193 1. Entity Name



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



DISABLED AMERICAN VETERANS AUXILIARY TAMPA UNIT #4, INC. DEPARTMENT OF FLORIDA					0 2 10 2 000 30		
Principal Place of Business 2612 TAMPA STREET P O BOX 7561 TAMPA FL 33673-7561		Mailing Address 3420 BAYSHORE BLVD. NE SAINT PETERSBURG FL 33703 US					
2. Principal Place of Business		3. Mailing Address 3420 Bayshore Blvd. N.		N.E			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. St. Petersburg, FL			1st MOORE		
Zip	Country	City & State	Country		23-7331178	9 75 H	ot Applicable
	6. Name and Address of Current	33703-5510 P	•		Certificate of Status Desired Name and Address of New R	Fee Require	
MCGUIRE, ELIZABETH CPA 4721 E 98TH AVE TAMPA FL 33617		Name Street Address		dress (P.O. Box Number is Not Acceptable	a)	
			City			FL Zip Coo	de
	named entity submits this statement for ions of registered agent.	r the purpose of changing its reg	istered office or r	register	ed agent, or both, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE Re	gistered Agent signature	е гедилес	when reinstating)	DATE	•
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campa Trust Fund Conf	tribution. [Added to Fees Flori	ike Check Payable da Department of	State
10,	OFFICERS AND DIF		11.		ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANKINS, CAROLYN 807 E GROVE AVE TAMPA FL 33612	☆ Delete	NAME STREET ADDRESS CITY-ST-ZIP	HE1 96	mmander NRIETTA N. CONDO 03 Pat Street Ison, FL 34669	Xू Change DN	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, LUCILLE O 3420 BAYSHORE BLVD NE SAINT PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAMESTREET,ADDRESS. CITY-ST-ZIP	PD GELVIN, HELEN 6105 LAND O'LAKES BLVD LAND O'LAKES FL	☐ Delete	TITLE NAME _STREET ADDRESS CITY-ST-ZIP	·		☐ Change	Addition
TITLE		☐ Delete	THTLE			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
STREET ADDRESS		☐ Defete	STREET ADDRESS			☐ Change	☐ Addition

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 Lull O 777 C