

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N33193

1. Entity 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

**3420 BAYSHORE BLVD. NE
SAINT PETERSBURG, FL 33703 US**



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7331178

Applied For
(Not Applicable)

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCGUIRE, ELIZABETH CPA
4721 E 98TH AVE
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000469833
03/27/06-80014-025 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMM CONDON, HENIETTA N 9603 PAT STREET HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, LUCILLE O 3420 BAYSHORE BLVD NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELVIN, HELEN 6105 LAND O'LAKES BLVD LAND O'LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06

Date

727-525-1229
Daytime Phone #