

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90015 006 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N33193</b><br>1. Entity Name<br><b>DISABLED AMERICAN VETERANS AUXILIARY TAMPA UNIT #4, INC. DEPARTMENT OF FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                                                     |                                                                                       |                                                                                                                                                      |  |
| Principal Place of Business<br><b>2612 TAMPA STREET<br/>P O BOX 7561<br/>TAMPA FL 33673-7561</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                     | Mailing Address<br><b>3420 BAYSHORE BLVD. NE<br/>SAINT PETERSBURG FL 33703<br/>US</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 | 3. Mailing Address                                                                  |                                                                                       |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | Suite, Apt. #, etc.                                                                 |                                                                                       |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | City & State                                                                        |                                                                                       |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                         | Zip                                                                                 | Country                                                                               | 4. FEI Number<br><b>23-7331178</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                     |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>MCGUIRE, ELIZABETH CPA<br/>4721 E 98TH AVE<br/>TAMPA FL 33617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |                                                                                     |                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                 |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COMM<br>CONDON, HENIETTA N<br>9603 PAT STREET<br>HUDSON FL 34669                | <input checked="" type="checkbox"/> Delete                                          |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TD<br>MCCARTHY, LUCILLE O<br>3420 BAYSHORE BLVD NE<br>SAINT PETERSBURG FL 33703 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>GELVIN, HELEN<br>6105 LAND O' LAKES BLVD<br>LAND O' LAKES FL              | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Lucille O. McCarthy</u> <span style="float: right;">3-15-07 727-525-1229</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                                                                                     |                                                                                       |                                                                                                                                                                                                                                       |  |

ATTACHMENT

66009309

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Disabled American Veterans Auxiliary  
Tampa #4

April 13, 2007

Reference Number N33193

As requested, the following are officers of the DAV Auxiliary, Tampa #4.

Commander:

Agnes Gomis, 7005 Danewood Ct.  
Tampa, Florida 33615

Adjutant (Secretary)

Lucille O. McCarthy  
3420 Bayshore Blvd. N.E.  
St. Petersburg, Florida 33703

Treasurer:

Helen Gelvin  
6105 Land O'Lakes Blvd.  
Land O'Lakes, Florida 34639

If additional information is required, please feel free to contact the undersigned.



Lucille O. McCarthy, Adjutant  
Tampa 4, DAV Auxiliary

Cc: Files