


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90021 022 ****70.00

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 PO Box 147 Inglis, FL 34449		
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 23-7331178	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCGUIRE, ELIZABETH CPA 4721 E 98TH AVE TAMPA, FL 33617			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C	NAME GOMIS, AGNES	<input type="checkbox"/> Delete	TITLE Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7005 DANWOOD CT	TAMPA, FL 33615		STREET ADDRESS 915 HILLSIDE Drive	Lutz, FL 33549	
TITLE TD	NAME MCCARTHY, LUCILLE O	<input type="checkbox"/> Delete	TITLE Adjutant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3420 BAYSHORE BLVD NE	SAINT PETERSBURG, FL 33703		STREET ADDRESS P.O. Box 147, Inglis	FL 34449	
TITLE PD	NAME GELVIN, HELEN	<input type="checkbox"/> Delete	TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6105 LAND O'LAKES BLVD	LAND O'LAKES, FL		STREET ADDRESS 6105 Land O'Lakes Blvd.	Land O'Lakes, FL 34639	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
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			Date: 3-11-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					