2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # N33796 1. Entity Name 04-07-2004 90049 029 ****61.25 JACKSON COUNTY CHAPTER 22, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED Principal Place of Business Mailing Address C/O LAWRENCE P. FELTON 2265 WESTER ROAD GRAND RIDGE FL 32442-4413 C/O LAWRENCE P. FELTON 54028068 2265 WESTER ROAD GRAND RIDGE FL 32442-4413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-6196582 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ريورات المحتوان MILES, A. C. Street Address (P.O. Box Number is Not Acceptable) 2416 SYFRETT ROAD COTTONDALE FL 32431 City 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 -Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition HOOD, EARL D NAME NAME 7313 BIRCHWOOD ROAD STREET ADDRESS STREET ADDRESS GRAND RIDGE FL 32442 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition BOOTH, WILLIAM M. NAME NAME **4733 PELT STREET** STREET ADDRESS STREET ADDRESS MARIANNA FL 32446 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MILES, ATC: NAME NAME 2416 SYFRETT ROAD STREET ADDRESS STREET ADDRESS COTTONDALE FL 31431 CfTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SNELLGROVE, PRICE D. NAME NAME 2103 MORRIS ROAD STREET ADDRESS STREET ADDRESS COTTONDALE FL 32431 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition FELTON, LAWRENCE P NAME NAME 2265 WESTER RD. STREET ADDRESS STREET ADDRESS GRANDRIDGE FL 32442-4413 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition BISHOP, WILLIAM I NAME NAME 2914 RUSS STREET STREET ADDRESS STREET ADDRESS MARIANNA FL 32446 CITY-ST-ZIP CITY-ST-ZIP 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 archive empowered.

FILED

awience F L'AWRENCE. FELTON APRIL 5, 2004 ADJUTANT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: