

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

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90014 003 \*\*\*\*61.25

<b>DOCUMENT # N33796</b>			
1. Entity Name <b>JACKSON COUNTY CHAPTER 22, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED</b>			
Principal Place of Business <b>C/O LAWRENCE P. FELTON 2265 WESTER ROAD GRAND RIDGE FL 32442-4413 US</b>		Mailing Address <b>C/O LAWRENCE P. FELTON 2265 WESTER ROAD GRAND RIDGE FL 32442-4413 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
6. Name and Address of Current Registered Agent  <b>MILES, A. C. 2416 SYFRETT ROAD COTTONDALE FL 32431</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-6196582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HOOD, EARL D 7313 BIRCHWOOD ROAD GRAND RIDGE FL 32442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D MILES, RUFUS R. 1238 GRACE AVENUE CHIPLEY, FL 32428 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BOOTH, WILLIAM M. 4733 PELT STREET MARIANNA FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MILES, A. C. 2416 SYFRETT ROAD COTTONDALE FL 31431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SNELGROVE, PRICE D. 2103 MORRIS ROAD COTTONDALE FL 32431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S FELTON, LAWRENCE P 2265 WESTER RD. GRANDRIDGE FL 32442-4413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D PEACOCK, GENE E 4885 ROK DRIVE MARIANNA FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Lawrence P. Felton*  
**LAWRENCE P. FELTON, ASSISTANT**

April 14, 2007 (850) 209-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #