

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 040 ****61.25

DOCUMENT # N33796

1. Entity Name
**JACKSON COUNTY CHAPTER 22, DISABLED AMERICAN
VETERANS, DEPARTMENT OF FLORIDA,
INCORPORATED**



Principal Place of Business
**C/O LAWRENCE P. FELTON
2265 WESTER ROAD
GRAND RIDGE, FL 32442-4413 US**

Mailing Address
**C/O LAWRENCE P. FELTON
2265 WESTER ROAD
GRAND RIDGE, FL 32442-4413 US**

40099011



04182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6196582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILES, A. C.
2416 SYFRETT ROAD
COTTONDALE, FL 32431**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILES, RUFUS R
STREET ADDRESS	1238 GRACE AVENUE
CITY - ST - ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	BOOTH, WILLIAM M. WILLIAMS, ENOCH
STREET ADDRESS	4732 PELT STREET 3481 BUMPNOSE ROAD
CITY - ST - ZIP	MARIANNA, FL 32446 MARIANNA, FL 32446
TITLE	D
NAME	MILES, A. C.
STREET ADDRESS	2416 SYFRETT ROAD
CITY - ST - ZIP	COTTONDALE, FL 31431
TITLE	D
NAME	SNELGROVE, PRICE D.
STREET ADDRESS	2103 MORRIS ROAD
CITY - ST - ZIP	COTTONDALE, FL 32431
TITLE	S
NAME	FELTON, LAWRENCE P
STREET ADDRESS	2265 WESTER RD.
CITY - ST - ZIP	GRANDRIDGE, FL 324424413
TITLE	D
NAME	PEACOCK, GENE E
STREET ADDRESS	4885 ROOK DRIVE
CITY - ST - ZIP	MARIANNA, FL 32446

**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: *Lawrence P. Felton*
LAWRENCE P. FELTON, ADJUTANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 19, 2008

Date

(850) 209-0024

Daytime Phone #