2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# N33796

Entity Name: JACKSON COUNTY CHAPTER 22, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Current Principal Place of Business:

C/O LELEND C. DILMORE
2302 HWY 90
COTTONDALE, FL 32431 US

New Principal Place of Business:

Current Mailing Address:

C/O LELAND C. DILMORE
2302 HWY 90
COTTONDALE, FL 32431 US

New Mailing Address:

FEI Number: 59-6196582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ENOCH E
3481 BUMPNOSE RD
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: MILES, RUFUS R
Address: 1238 GRACE AVENUE
City-St-Zip: CHIPLEY, FL 32428

Title: D
Name: WILLIAMS, ENOCH E
Address: 3481 BUMPNOSE ROAD
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: MILES, A. C.
Address: 2416 SYFRETT ROAD
City-St-Zip: COTTONDALE, FL 31431

Title: D
Name: SNELLGROVE, PRICE C.
Address: 2103 MORRIS ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: S
Name: DILMORE, LELEND C
Address: 2303 HWY 90
City-St-Zip: COTTONDALE, FL 32431

Title: D
Name: PEACOCK, GENE E
Address: 4885 ROOK DRIVE
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ENOCH E WILLIAMS COMM 02/07/2011
Electronic Signature of Signing Officer or Director Date