


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

FILED

Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N33868	
1. Entity Name DISABLED AMERICAN VETERANS AUXILIARY, GREATER SOUTH OCALA #149, DEPARTMENT OF FLORIDA, INC.	

Principal Place of Business 805 S.E. 13TH ST. OCALA FL 34471-4453 US	Mailing Address 805 S.E. 13TH ST. OCALA FL 34471-4453 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent GIBSON, ELLA MAE 805 S.E. 13TH ST. OCALA FL 34471	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <i>Ellen Mae Gibson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 2/12/04 (NOTE: Registered Agent signature required when reinstating)
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIBSON, ELLA MAE 805 S.E. 13TH ST. OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000049990 02/13/04-80045-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STANZIONE, LAURA 5601 AVE H. / P.O. BOX 78 MCINTOSH FL 32664 <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	DV FARMER, GEORGIA W 20840 4TH ST. / P.O. BOX 206 MCINTOSH FL 32664 <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	DT FISHER, CARRIE 1811 NW 29TH AVENUE OCALA FL <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	DS O'NEIL, LOUISE 9220 B S.W. 90TH COURT OCALA FL <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	<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 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 all other like empowered.

SIGNATURE: <i>Ellen Mae Gibson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 2/12/04 Daytime Phone #
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