

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90020 033 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GIBSON, ELLA MAE	
STREET ADDRESS	805 S.E. 13TH ST.	
CITY-ST-ZIP	OCALA FL	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	STANZIONE, LAURA	
STREET ADDRESS	5601 AVE H. / P.O. BOX 78	
CITY-ST-ZIP	MCINTOSH FL 32664	

TITLE	DV	<input type="checkbox"/> Delete
NAME	FARMER, GEORGIA W	
STREET ADDRESS	20840 4TH ST. / P.O. BOX 206	
CITY-ST-ZIP	MCINTOSH FL 32664	

TITLE	DT	<input type="checkbox"/> Delete
NAME	FISHER, CARRIE	
STREET ADDRESS	1811 NW 29TH AVENUE	
CITY-ST-ZIP	OCALA FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	O'NEIL, LOUISE	
STREET ADDRESS	9220 B S.W. 90TH COURT	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hughes, Linda	
STREET ADDRESS	1607 W E 10th St	
CITY-ST-ZIP	Ocala FL 34470-6032	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Ellen M. Gibson*

3/12/06 352 732-0640