

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

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90033 035 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

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

Linda Hughes

Street Address (P.O. Box Number is Not Acceptable)

1607 N.E. 10 ST.

City

Ocala

FL

Zip Code

34470

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

Linda Hughes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-13-07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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-STATE-ZIP	OCALA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUGHES, LINDA	
STREET ADDRESS	1607 NE 10TH ST	
CITY-STATE-ZIP	OCALA FL 34470-6032	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FARMER, GEORGIA W	
STREET ADDRESS	20840 4TH ST. / P.O. BOX 206	
CITY-STATE-ZIP	MCINTOSH FL 32664	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FISHER, CARRIE	
STREET ADDRESS	1811 NW 29TH AVENUE	
CITY-STATE-ZIP	OCALA FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, LOUISE	
STREET ADDRESS	9220 B S.W. 90TH COURT	
CITY-STATE-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, KAREN	
STREET ADDRESS	16755 S.W. 45TH ST.	
CITY-STATE-ZIP	OCALA, FL 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Georgia W. Farmer, GEORGIA W FARMER

Date

3/13/07

Daytime Phone #

352-591-1593