

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**



07032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUGHES, LINDA  
1607 NE 10TH ST  
OCALA, FL 34470

**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 Linda Hughes DATE 8-26-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIBSON, ELLA MAE 805 S.E. 13TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUGHES, LINDA 1607 NE 10TH ST OCALA, FL 344708032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FARMER, GEORGIA W 20840 4TH ST. / P.O. BOX 206 MCINTOSH, FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FISHER, CARRIE 1811 NW 29TH AVENUE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLIS, KAREN 18755 SW 45TH ST OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000958561  
08/29/08-80001-021 61.25

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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: Linda Hughes DATE 8-26-08 352-7328280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR