

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33868

FILED
Mar 07, 2009
Secretary of State

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

Current Principal Place of Business:

805 S.E. 13TH ST.
OCALA, FL 344714453 US

New Principal Place of Business:

16755 SW 45TH ST.
OCALA, FL 344714453 US

Current Mailing Address:

805 S.E. 13TH ST.
OCALA, FL 344714453 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUGHES, LINDA
1607 NE 10TH ST
OCALA, FL 34470 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: DP () Delete
Name: GIBSON, ELLA MAE,
Address: 805 S.E. 13TH ST.
City-St-Zip: OCALA, FL

Title: DV () Delete
Name: HUGHES, LINDA
Address: 1607 NE 10TH ST
City-St-Zip: OCALA, FL 344706032

Title: DV () Delete
Name: FARMER, GEORGIA W
Address: 20840 4TH ST. / P.O. BOX 206
City-St-Zip: MCINTOSH, FL 32664

Title: DT (X) Delete
Name: FISHER, CARRIE
Address: 1811 NW 29TH AVENUE
City-St-Zip: OCALA, FL

Title: DS () Delete
Name: ELLIS, KAREN
Address: 16755 SW 45TH ST
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CLOTELIA, LINDSEY
Address: 7 BROOK LANE
City-St-Zip: OCALA, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: ELLIS, KAREN
Address: 16755 SW 45TH ST
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA HUGHES

DV

03/07/2009

Electronic Signature of Signing Officer or Director

Date