

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33868

FILED
Apr 08, 2011
Secretary of State

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

Current Principal Place of Business:

2720 E. SILVER SPRINGS BLVD.
OCALA, FL 34470 US

New Principal Place of Business:

9401 SW 110TH ST
OCALA, FL 34470 US

Current Mailing Address:

16755 SW 45TH. ST.
OCALA, FL 34481 US

New Mailing Address:

FEI Number: 32-0255017

FEI Number Applied For ()

FEI Number Not Applicable ()

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
Name: CLOTELIA, LINDSEY
Address: 7 BROOK LANE
City-St-Zip: OCALA, FL 34472

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN A. ELLIS

ADJ.

04/08/2011

Electronic Signature of Signing Officer or Director

Date