

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34344 (4)**

1. Corporation Name

**GREATER SOUTH OCALA CHAPTER #149, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATE**



Principal Place of Business

Mailing Address

C/O THOMAS M. NICOL  
10215 SW 74TH COURT  
OCALA FL 32676

C/O THOMAS M. NICOL  
10215 SW 74TH COURT  
OCALA FL 32676

3. Date Incorporated or Qualified  
**09/26/1989**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For  
☒ Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICOL, THOMAS-M  
10215 SW 74 CT.  
OCALA FL 34476

81 Name

**THOMAS-M-NICOL**

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

**10215 SW 74 CT.**

83

84 City

**OCALA FL - 71**

85

Zip Code  
**34476**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	NICOL, THOMAS M.	
STREET ADDRESS	10215 SW 74TH CT.	
CITY-ST-ZIP	OCALA FL	
TITLE	DSR	<input type="checkbox"/> DELETE
NAME	OLIBONI, VIRGIL	
STREET ADDRESS	2685 SE 36TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, VINCENT	
STREET ADDRESS	5640 SW 57TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Thomas M Nicol*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-96 352-854-8594**  
Date Daytime Phone #

CR2E037 (12/95)