


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

97 AUG 27 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>09/26/1989</b>	3a. Date of Last Report <b>02/26/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
NICOL, THOMAS-M 10215 SW 74 CT. OCALA FL 34476	

10. Name and Address of New Registered Agent	
81 Name	<b>THOMAS-M - NICOL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10215 SW 74 CT.</b>
83	
84 City	<b>OCALA.</b>
85 Zip Code	<b>FL 34476</b>

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 **THOMAS-M-NICOL COMMANDER** *T Thomas M Nicol* **8-25-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	NICOL, THOMAS M.
STREET ADDRESS	10215 SW 74TH CT.
CITY-ST-ZIP	OCALA FL
TITLE	DSR
NAME	OLIBONI, VIRGIL
STREET ADDRESS	2685 SE 38TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	DV
NAME	CHRISTENSEN, VINCENT
STREET ADDRESS	5840 SW 57TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>2000002200377</b>
1.2 NAME	<b>-08/28/97--01124--003</b>
1.3 STREET ADDRESS	<b>*****61.25 *****61.25</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>DISIR</b>
2.2 NAME	<b>LUCEA-GONZALEZ</b>
2.3 STREET ADDRESS	<b>6766 N.W. 35TH ST.</b>
2.4 CITY-ST-ZIP	<b>OCALA FL. 34482</b>
3.1 TITLE	<b>DV</b>
3.2 NAME	<b>CHESTER J LYSIK</b>
3.3 STREET ADDRESS	<b>8422 SW 62ND CT.</b>
3.4 CITY-ST-ZIP	<b>OCALA FL.</b>
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED THOMAS M NICOL 352854 81584**

CR2E037 (4/97)