

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34344

FILED
May 11, 2004
Secretary of State**Entity Name:** GREATER SOUTH OCALA CHAPTER #149, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED**Current Principal Place of Business:**C/O ROBERT CHILDS
1110 N.E. 63RD RD. ST.
OCALA, FL 34479**New Principal Place of Business:****Current Mailing Address:**C/O ROBERT CHILDS
1110 N.E. 63RD RD. ST.
OCALA, FL 34479**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:**CHILDS, ROBERT
1110 N.E. 63RD RD. ST.
OCALA, FL 34479 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:** CCD () Delete
Name: STANZIONE, SALVATORE
Address: 17601 VETERANS WAY
City-St-Zip: MICANOPY, FL 32667**Title:** CSVD () Delete
Name: LESCH, DONALD
Address: 2870 N.E. 63 STREET
City-St-Zip: OCALA, FL 34479**Title:** CAD () Delete
Name: COPELAND, DONALD
Address: 3 MIDWAY TR. PL.
City-St-Zip: OCALA, FL 34472**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD L. COPELAND

CAD

05/11/2004

Electronic Signature of Signing Officer or Director

Date