

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34344

FILED
Jul 01, 2005
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:

C/O DONALD COPELAND
5 SILVER PASS COURT
OCALA, FL 34472 US

Current Mailing Address:

C/O ROBERT CHILDS
1110 N.E. 63RD RD. ST.
OCALA, FL 34479

New Mailing Address:

C/O DONALD COPELAND
5 SILVER PASS COURT
OCALA, FL 34472 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

COPELAND, DONALD L CAD
5 SILVER PASS COURT
OCALA, FL 34472 US

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: DONALD L. COPELAND

07/01/2005

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: CCD (X) Change () Addition
Name: STANZIONE, SALVATORE
Address: 8029 SW. 62 AVE
City-St-Zip: OCALA, FL 34476

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

Title: CAD (X) Change () Addition
Name: COPELAND, DONALD
Address: 5 SILVER PASS COURT
City-St-Zip: OCALA, FL 34472

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

07/01/2005

Electronic Signature of Signing Officer or Director

Date