

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34344

FILED  
Aug 21, 2007  
Secretary of State

**Entity Name:** GREATER SOUTH OCALA CHAPTER #149, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

COPELAND, DONALD L CAD  
5 SILVER PASS COURT  
OCALA, FL 34472 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: 8029 SW. 62 AVE  
City-St-Zip: OCALA, FL 34476

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: 5 SILVER PASS COURT  
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 exemption stated in Chapter 119, 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

08/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date