

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90020 035 *****61.25

0063705

DOCUMENT # N34385

1. Entity Name

**DISABLED AMERICAN VETERANS AUXILIARY, CRESTVIEW
UNIT #57, INC**

Principal Place of Business

Mailing Address

% MERALLYN MCDONALD
5296 HARE ST.
CRESTVIEW FL 32536
US% MERALLYN MCDONALD
6161 HWY 393
CRESTVIEW FL 32539
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2503215

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, MERALLYN
6161 HWY 393
CRESTVIEW FL 32539**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CPD
NAME FERGUSON, FRANCES
STREET ADDRESS 5132 MULDOON ST.
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD
NAME WRAY, FERN
STREET ADDRESS 1408 RED OAK DR.
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VPD
NAME VANCE, MARIAN
STREET ADDRESS 121 SPRINGWOOD CIR.
CITY-ST-ZIP CRESTVIEW FL 32536 ☒ DeleteTITLE VPD
NAME HILLENBURG MARY LOU
STREET ADDRESS 119 HOPE DR
CITY-ST-ZIP CRESTVIEW FL 32536 ☒ Change ☐ AdditionTITLE STD
NAME MCDONALD, MERALLYN
STREET ADDRESS 6161 HWY 393
CITY-ST-ZIP CRESTVIEW FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Merallyn McDonald* MERALLYN MCDONALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-08-02

Daytime Phone #

CR2E037 (9/01)