

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 003 ****61.25

DOCUMENT # N34385

1. Entity Name

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



Principal Place of Business

% MERALLYN MCDONALD
5296 HARE ST.
CRESTVIEW FL 32536
US

Mailing Address

% MERALLYN MCDONALD
6161 HWY 393
CRESTVIEW FL 32539
US

00010430



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2503215

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CPD ☐ Delete
NAME FERGUSON, FRANCES
STREET ADDRESS 5132 MULDOON ST.
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE VD ☐ Delete
NAME WRAY, FERN
STREET ADDRESS 1408 RED OAK DR.
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE VPD ☒ Delete
NAME HILKLEBURG, MARY L
STREET ADDRESS 119 HOPE DR
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE STD ☐ Delete
NAME MCDONALD, MERALLYN
STREET ADDRESS 6161 HWY 393
CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME Annette Thompson
STREET ADDRESS 5301 Hare St Lot 15
CITY-ST-ZIP Crestview FL 32539

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 . 02-17-05

(850) 682-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #