

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34385

FILED
Apr 18, 2009
Secretary of State

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, CRESTVIEW UNIT #57, INC

Current Principal Place of Business:

% MERALLYN MCDONALD
5296 HARE ST.
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

% MERALLYN MCDONALD
6161 HWY 393
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-2503215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, MERALLYN
6161 HWY 393
CRESTVIEW, FL 32539 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: CPD () Delete
Name: FERGUSON, FRANCES
Address: 5132 MULDOON ST.
City-St-Zip: CRESTVIEW, FL 32539

Title: VD () Delete
Name: WRAY, FERN
Address: 1408 RED OAK DR.
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD () Delete
Name: MCDANIEL, KATHERINE M
Address: 4595 SCARLET DR
City-St-Zip: CRESTVIEW, FL 32539

Title: STD () Delete
Name: MCDONALD, MERALLYN
Address: 6161 HWY 393
City-St-Zip: CRESTVIEW, FL

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:

Title: STD (X) Change () Addition
Name: MCDONALD, MERALLYN
Address: 6161 HWY 393
City-St-Zip: CRESTVIEW, FL 32539

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: MERALLYN MCDONALD

STD

04/18/2009

Electronic Signature of Signing Officer or Director

Date