

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34385

FILED
Mar 14, 2010
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
Name: FERGUSON, FRANCES
Address: 5132 MULDOON ST.
City-St-Zip: CRESTVIEW, FL 32539

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

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

Title: STD
Name: MCDONALD, MERALLYN
Address: 6161 HWY 393
City-St-Zip: CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

SIGNATURE: MERALLYN MCDONALD

STD

03/14/2010

Electronic Signature of Signing Officer or Director

Date