

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36467 (1)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY UNIT 121 DE
PT. OF FLORIDA INC.

Principal Place of Business

Mailing Address

2140 182ND CT
SILVER SPGS FL 34488
US

% INEZ HARPER
2140 182ND CT
SILVER SPGS FL 34488
US

FILED

95 FEB 17 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1980

3a. Date of Last Report

03/09/1994

4. FEI Number

59-1791479

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, INEZ

2140 SE 182ND CT

SILVER SPRINGS FL 32688

Community Center

314 A South

Silver Springs, Fl. 32688

81

Name

82

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

83

2140 182ND CT

84

City

SILVER SPGS FL 34488

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SV
NAME	HARPER, INEZ
STREET ADDRESS	2140 SE 182ND CT
CITY- ST- ZIP	SILVER SPRINGS FL
TITLE	TV
NAME	CRISPELL, MARGE
STREET ADDRESS	2001 SE 169 AVE RD
CITY- ST- ZIP	SILVER SPRINGS FL
TITLE	T
NAME	BRUMBAUGH, JEAN
STREET ADDRESS	2021 SE 173 CT
CITY- ST- ZIP	SILVER SPRINGS FL
TITLE	PD
NAME	STOTTS, BETTY
STREET ADDRESS	12944 NE 6 LN
CITY- ST- ZIP	SILVER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JEAN BRUMBAUGH JEAN Brumbaugh (Typed) 2/12/95 625-5402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (MyName Here)