

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2140 182ND CT
SILVER SPGS FL 34488
US

Mailing Address

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



3. Date Incorporated or Qualified
02/05/1990

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Forest Community Center

26 % Jean Ciampi

4. FEI Number

59-1791479

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 314A South

27 4560 S.E. 57th Lane

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Ocklawaha, FL

28 Ocala, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32179

25

29 34480

30

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 182 CT
SILVER SPRINGS FL 32688

81 Name

Jean Ciampi

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

4560 S.E. 57th Lane

83

84 City

Ocala

FL

85 Zip Code
34480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 617.0503, Florida Statutes.

SIGNATURE

Jean Ciampi, Treas.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/03/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SV ☒ DELETE

NAME HARPER, INEZ
STREET ADDRESS 2140 SE 182ND CT
CITY-ST-ZIP SILVER SPRINGS FL

1.1 TITLE Comm. ☐ Change ☒ Addition

1.2 NAME Barbara Ducharme D
1.3 STREET ADDRESS 5000 S.E.183rd Ave. Rd.
1.4 CITY-ST-ZIP Ocklawaha, FL 32179

TITLE TV ☐ DELETE

NAME CRISPELL, MARGE
STREET ADDRESS 2001 SE 169 AVE RD
CITY-ST-ZIP SILVER SPRGS FL

2.1 TITLE SV ☐ Change ☒ Addition

2.2 NAME Caroline Miller T
2.3 STREET ADDRESS 16830 S.E. 9th Street
2.4 CITY-ST-ZIP Silver Springs, FL 34488

TITLE T ☒ DELETE

NAME BRUMBAUGH, JEAN
STREET ADDRESS 2021 SE 173 CT
CITY-ST-ZIP SILVER SPGS FL

3.1 TITLE JV Marge Crispell T ☐ Change ☒ Addition

3.2 NAME 2001 S.E. 169 Ave. Rd.
3.3 STREET ADDRESS Silver Springs, FL 34488
3.4 CITY-ST-ZIP

TITLE PD ☒ DELETE

NAME STOTTS, BETTY
STREET ADDRESS 12944 NE 6 LN
CITY-ST-ZIP SILVER SPGS FL

4.1 TITLE Treas. ☐ Change ☒ Addition

4.2 NAME Jean Ciampi T
4.3 STREET ADDRESS 4560 S.E. 57th Lane
4.4 CITY-ST-ZIP Ocala, FL 34480

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Adj. T ☐ Change ☐ Addition

5.2 NAME Betty Stotts,
5.3 STREET ADDRESS 12944 NE 6th Lane
5.4 CITY-ST-ZIP Silver Springs, FL 34488

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 700001784577
6.3 STREET ADDRESS -04/17/96--01084--039
6.4 CITY-ST-ZIP ***61.25

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:

Betty J. Stotts, Adj.

3/6/96

352
625-1113
Daytime Phone #

CR2E037 (12/95)