# 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

APPROVED AND FILED

95 MAR -1 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36585 (0)

1. Corporation Name

DISABLED AMERICAN VETERAN'S AUXILIARY - UNIT #75 INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1860 BOY SCOUT DR., #207<br>FT MYERS FL 33907 | 1860 BOY SCOUT DR., #207<br>FT MYERS FL 33907 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0326175 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

KINCAID, BEULAH
301 CRYSTAL LANE
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: Colleen Hammel
82 Street Address (P.O. Box Number is Not Acceptable): 1016 Jefferson Ave
83
84 City: Lehigh Acres FL 85 Zip Code: 33936

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: Colleen Hammel Colleen Hammel 2-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KINCAID, BEULAH | 1.2 NAME | |
| STREET ADDRESS | 301 CRYSTAL LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH FT. MYERS FL 33903 | 1.4 CITY-ST-ZIP | |
| TITLE | SVCD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SILKS, HARRIET | 2.2 NAME | |
| STREET ADDRESS | 1464-2 PARKSHORE CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL 33901 | 2.4 CITY-ST-ZIP | |
| TITLE | JRVC | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAUFER, THERESE | 3.2 NAME | |
| STREET ADDRESS | 1307 S.E. TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | 3.4 CITY-ST-ZIP | |
| TITLE | C | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOWELL, SARAH | 4.2 NAME | |
| STREET ADDRESS | 111 TORCH LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH FT. MYERS FL 33917 | 4.4 CITY-ST-ZIP | |
| TITLE | AD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ELLIOTT, JOSEPHINE | 5.2 NAME | |
| STREET ADDRESS | 2125 N.W. 10TH TERRACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | 5.4 CITY-ST-ZIP | |
| TITLE | T | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAMMEL, COLLEEN | 6.2 NAME | |
| STREET ADDRESS | 1016 JEFFERSON AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | 6.4 CITY-ST-ZIP | |

SIGNATURE

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)(i), 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: Colleen Hammel Colleen Hammel 2-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

WK 813-369-6836

Area 813-369-3329
Daytime Phone #

0080489