

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36585 (0)
1. Corporation Name
DISABLED AMERICAN VETERAN'S AUXILIARY - UNIT #75
INC.



Principal Place of Business
1860 BOY SCOUT DR., #207
FT MYERS FL 33907

Mailing Address
1860 BOY SCOUT DR., #207
FT MYERS FL 33907

200001779742
-04/15/96--01031--014

3. Date of Incorporation or Qualification 02/12/1996
3a. Date of Last Report 03/01/1995

2. Principal Place of Business
21 1860 Boy Scout DR.
Suite, Apt. #, etc. #207
22 City & State FT MYERS FL.
Zip 33907
23 Country
24 33907
25
26 1860 Boy Scout DR
Suite, Apt. #, etc. #207
27 City & State FT. MYERS, FL.
Zip 33907
28 Country
29 33907
30

4. FEI Number 65-0326175
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAMMEL, COLLEN
1016 JEFFERSON AVE
LEHIGH ACRES FL 33436

10. Name and Address of New Registered Agent

81 Name HARRIET SILKS
82 Street Address (P.O. Box Number is Not Acceptable) 1464-2 PARKSHORE CIRCLE
83
84 City FT. MYERS FL 85 Zip Code 33901

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 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 617.0003, Florida Statutes.

SIGNATURE *Harriet Silks*
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
CD	KINCAID, BEULAH	301 CRYSTAL LANE	NORTH FT. MYERS FL 33903	<input checked="" type="checkbox"/>
SVCD	SILKS, HARRIET	1464-2 PARKSHORE CIRCLE	FT MYERS FL 33901	<input type="checkbox"/>
JRVC	HAUFER, THERESE	1307 S.E. 11TH ST.	CAPE CORAL FL 33990	<input checked="" type="checkbox"/>
C	LOWELL, SARAH	111 TORCH LANE	NORTH FT. MYERS FL 33917	<input type="checkbox"/>
AD	ELLIOTT, JOSEPHINE	2125 N.W. 10TH TERRACE	CAPE CORAL FL 33990	<input type="checkbox"/>
T	HAMMEL, COLLEEN	1016 JEFFERSON AVE.	LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
COMMANDER	SILKS, HARRIET	1464-2 PARKSHORE CIRCLE	FT MYERS, FL. 33901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SARA SVCD	SARA CACCIOLEFI	1207 SE 30 TERR.	CAPE CORAL, FL. 33904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JRVC	DORTHANA YOUNG	401 SPRING CREEK DR	BONITA SPRINGS, FL. 33923	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C	LOWELL, SARAH	111 TORCH LN.	NO. FT. MYERS, FL 33917	<input type="checkbox"/>	<input type="checkbox"/>
AD	ELLIOTT, JOSEPHINE	202 NW 18 PI	CAPE CORAL, FL. 33909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	ELLIOTT, JOSEPHINE	202 NW 18 PI	CAPE CORAL, FL. 33909	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Harriet Silks* HARRIET SILKS 2/13/96 941-938-7026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)