FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

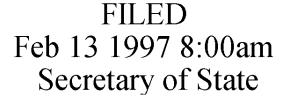
DOCUMENT # 1. Corporation Name N36585 (0)

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

Principal Place of Business 1860 BOY SCOUT DR #207

Mailing Address

1880 BOY SCOUR DR #207





FT MYERS FL		FT MYERS FL 33907-211					
					3. Date Incorporated or Qualified 02/12/1990	3a. Date of Las 04/14/	
2. Principal Place of Business 2a. Mailing Ad-			ress		4. FEI Number 65-0326175	•	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 1	5 Additional Required
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be ed to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for in	ntangible tax unde	
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes 🔀 No	
-	S. Hamb and Modices of Carteria	nogratored Agent	81	Name	IO. Name and Address of New Re	istered Agent	
CII VC L	JADOIET						
SILKS, HARRIET 1464-2 PARKSHORE CIRLE				82 Street Address (P.O. Box Number is Not Acceptable)			
	RS FL 33901						
r I. MIC	no re 33901		83				
 			84	City		FL 85 Z	ip Code
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 617.0503, Florida Statutes.							
SIGNATURE	Signature, typical or printed name of registered agent	and title if applicable. (NC	DTE: Registered Ape	ent sionature rec	guired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	С	DELETE	1.1 TATLE			Chan	
NAME	SILKS, HARRIET		1.2 NAME				ļ
STREET ADDRESS	1464-2 PARKSHORE CIRCLE		1.3 STREET	ADDRESS			
CITY - ST - ZIP	FT. MYERS FL 33901		1.4 CITY - S	T-ZIP			
TITLE	SVCD	Z DELETE	2.1 TITLE		SVCD DORAHUSA	_ Chan	ge Addition
NAME	CACCIOLFI, SARA		2.2 NAME		Young, DOROTHER		
STREET ADDRESS	1207 SE 30 TERR.	_	2.3 STREET	ADDRESS			1
CITY-ST-7IP	CAPE CORAL FL 33904		2.4 CITY-	ST-ZIP	N. FI MYERS F/ 3		
TITLE	JRVC	DELETE	31 TITLE	- 1	TRICA	Chang	ge 🔲 Addition
NAME	YOUNG, DORTHEA		3.2 NAME		KINCAID, BRULAN	1	
STREET ADDRESS	401 SPRING CREEK DR.		3 3 STREET	1	30/ CRYS+AI LANG		ͺ
CITY - ST - ZIP TITLE	BONITA SPRINGS FL 33923 C	DELETE	3.4. CITY-5	ST-ZIP	N. F. MYERS FI	3390	3
NAME	LOWELL, SARAH	□ DECEIC	4.1 TITLE		10000208	756H***	pe ∐ Addition
STREET ADDRESS	111 TORCH LANE		4. 2 NAME 4.3 STREET	*DDOLCC	-02/14/970101	5057	
CITY-ST-7iP	NORTH FT. MYERS FL 33917			- 1	***61.25		
TITLE	ADT	DELETE	4.4 CITY+S 5.1 TITLE	1- Til.		Chang	e Addition
NAME	ELLIOTT, JOSEPHINE		5.2 NAME			E Origin	, /10011001
STREET ADDRESS	202 NW 18 PL		5.3 STREET	ADDRESS			
CITY-ST-ZiP	CAPE CORAL FL 33909		5.4 CITY - S		CAPR CORAL EL. 33	793	
TITLE	Ť	≥ ;DELETE	6.1 TITLE		7	Chang	e Addition
NAME'	HAMMEL, COLLEEN	•	6.2 NAME		Elliott, JOSEPHINE		12
STREET ADDRESS	1016 JEFFERSON AVE.		6.3 STREET	ADDRESS	CAPE CORAL, Fl. 339 Elliott, Tosephine 202NWBPI		ノノめ
CITY - ST - ZIP	LEHIGH ACRES FL 33936		6.4 CITY-S		CAPE CORAL FL 33	773	~ 7V
14. I do heret	by certify that the information supplied	with this filing does not qua			ed in Section 119.07(3)(i). Florida Statutes	I further certify th	nat 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.