

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

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

1860 BOY SCOUT DR., #207  
FT MYERS FL 33907-2119



3. Date Incorporated or Qualified  
02/12/1990

3a. Date of Last Report  
04/14/1996

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

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

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

SILKS, HARRIET  
1464-2 PARKSHORE CIRLE  
FT. MYERS FL 33901

81 Name

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

83

84 City

FL

85 Zip 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 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 C  
NAME SILKS, HARRIET  
STREET ADDRESS 1464-2 PARKSHORE CIRCLE  
CITY-ST-ZIP FT. MYERS FL 33901

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVCD  
NAME CACCIOLFI, SARA  
STREET ADDRESS 1207 SE 30 TERR.  
CITY-ST-ZIP CAPE CORAL FL 33904

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE JRVC  
NAME YOUNG, DORTHEA  
STREET ADDRESS 401 SPRING CREEK DR.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE C  
NAME LOWELL, SARAH  
STREET ADDRESS 111 TORCH LANE  
CITY-ST-ZIP NORTH FT. MYERS FL 33917

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ADT  
NAME ELLIOTT, JOSEPHINE  
STREET ADDRESS 202 NW 18 PL  
CITY-ST-ZIP CAPE CORAL FL 33909

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T  
NAME HAMMEL, COLLEEN  
STREET ADDRESS 1016 JEFFERSON AVE.  
CITY-ST-ZIP LEHIGH ACRES FL 33936

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)