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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

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

2. Principal Place of Business 21 FIRST BAPTIST CHURCH Suite, Apt. #, etc. 22 1735 JACKSON ST. City & State 23 FT MYERS, FL Zip 24 33901	2a. Mailing Address 26 ROSEMARIE MCDONALD Suite, Apt. #, etc. 27 212 NW 18th PLACE City & State 28 CAPE CORAL, FL Zip 29 33993	3. Date Incorporated or Qualified 02/12/1990	4. FEI Number 65-0326175 Applied For Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SILKS, HARRIET
1464-2 PARKSHORE CIRCLE
FT. MYERS, FL 33901

10. Name and Address of New Registered Agent
 81 Name
ROSEMARIE MCDONALD
 82 Street Address (P.O. Box Number is Not Acceptable)
212 NW 18th PLACE
 83
 84 City
CAPE CORAL FL 85 Zip Code
33993

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 *Rosemarie McDonald* **ROSEMARIE MCDONALD** DATE **8/28/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	SILKS, HARRIET
STREET ADDRESS	1464-2 PARKSHORE CIRCLE
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	SVCD <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, DORTHEA
STREET ADDRESS	299 ROSE LANE
CITY-ST-ZIP	FT. MYERS, FL 33917
TITLE	VC <input type="checkbox"/> DELETE
NAME	CACCIOLFI, SARA
STREET ADDRESS	1207 S.E. 30TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	LOWELL, SARAH
STREET ADDRESS	111 TORCH LANE
CITY-ST-ZIP	NORTH FT. MYERS, FL 33917
TITLE	ADT <input checked="" type="checkbox"/> DELETE
NAME	SWANEY, RUTH
STREET ADDRESS	4564 BOWLING GREEN BLVD
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	KINCAID, BENLAH
STREET ADDRESS	301 CRYSTAL LANE
CITY-ST-ZIP	N. FT. MYERS, FL 33903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCDONALD, ROSEMARIE
1.3 STREET ADDRESS	212 NW 18th PLACE
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33993
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DICKMYER, MARY JANE
2.3 STREET ADDRESS	10315 PENNSYLVANIA
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CACCIOLFI, SARA
3.3 STREET ADDRESS	1207 SE 30th TERRACE
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information provided 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, with all other like empowered.

SIGNATURE: *Rosemarie McDonald* **ROSEMARIE MCDONALD** DATE **8/29/99** 941-283-7531
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)