


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N38126	
1. Entity Name DISABLED AMERICAN VETERANS' AUXILIARY GERALD A. SHONK #70, INC.	

Principal Place of Business 1039 N PAUL DRIVE INVERNESS, FL 34453	Mailing Address 7839 E. WISP TRAIL INVERNESS, FL 34453
---	--



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7331162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COPE, ANN
7839 E. WISP TRAIL
INVERNESS, FL 34453**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COPE, ANN 7839 E WISP TRAIL INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC MCDADE, MARTHA 5685 E LIVE OAK LN INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC TEBBY, VIRGINIA P.O. BOX 1241 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHINGLETON, ANN 8221 N GOLFVIEW DR CITRUS SPRINGS, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ ARMITAGE, L P.O. BOX 939 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOUBY, LEONORA 6150 E WINGATE INVERNESS, FL 34452

U00000224305
02/10/05-80081-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Cope C. ANN COPE 2/8/05 352-637-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #