


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90101 002 ****61.25

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**

50011199



2. Principal Place of Business
1039 N. Paul Ave.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 939
 Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State
Inverness, FL

City & State
Floral City, FL

Zip
34453

Zip
34436-0939

4. FEI Number
23-7331162

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**COPE, ANN
 7839 E. WISP TRAIL
 INVERNESS, FL 34453**

7. Name and Address of New Registered Agent
 Name
Martha McDade
 Street Address (P.O. Box Number is Not Acceptable)
5685 E. Live Oak Lane
 City
Inverness FL Zip Code
34453

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 **Martha McDade** *Martha McDade* DATE **04/11/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by May 1, 2006

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COPE, ANN 7839 E WISP TRAIL INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C McDade, a. Martha 5685 E. Live Oak Ln Inverness, FL 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC MCDADE, MARTHA 5685 E LIVE OAK LN INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC Virginia Tebby P.O. Box 1241, Dunnellon, FL 34430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC TEBBY, VIRGINIA P.O. BOX 1241 DUNNELLON, FL 34430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anna Shingleton 8221 N. Golfview Dr. Citrus Springs, FL 34434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHINGLETON, ANN 8221 N GOLFVIEW DR CITRUS SPRINGS, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ Linda Armitage 12700S Oakview Ave Box 939 Floral City, FL 34436 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ ARMITAGE, L P.O. BOX 939 FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgt. of Arms Doloris LoPorto 11127 N. Iron Dr. Dunnellon, FL 34433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOUBY, LEONORA 6150 E WINGATE INVERNESS, FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Touby, Leonora 6150 E. Wingate Inverness, FL 34452 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Linda Armitage** *Linda Armitage* DATE **04/11/06** (352)341-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #