


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90093 043 ****61.25

DOCUMENT # N38126

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



Principal Place of Business
 1039 N PAUL AE
 INVERNESS, FL 34453

Mailing Address
 POB 939
 FLORAL CITY, FL 34436-0939

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

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

MCDADE, MARTHA
 5685 E LIVE OAK LANE
 INVERNESS, FL 34453

01042007 Chg-NP CR2E037 (12/06)



7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25
 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MCDADE, MARTHA	
STREET ADDRESS	5685 E LIVE OAK LN	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	SVC	<input checked="" type="checkbox"/> Delete
NAME	TEBBY, VIRGINIA	
STREET ADDRESS	POB 1241	
CITY-ST-ZIP	DUNNELLON, FL 34430	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHINGLETON, ANNA	
STREET ADDRESS	8221 N GOLFVIEW DR	
CITY-ST-ZIP	DUNNELLON, FL 34434	
TITLE	ADJ	<input type="checkbox"/> Delete
NAME	ARMITAGE, LINDA	
STREET ADDRESS	12700 S OAKVIEW AVE BOX 939	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	SOA	<input type="checkbox"/> Delete
NAME	LOPORTO, DOLORIS	
STREET ADDRESS	11127 N IRON DR	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	C	<input type="checkbox"/> Delete
NAME	TOUBY, LEONORA	
STREET ADDRESS	6150 E WINGATE	
CITY-ST-ZIP	INVERNESS, FL 34452	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREEL, JEANNE M.	
STREET ADDRESS	3460 W. PROVERBS CT.	
CITY-ST-ZIP	LECANTO, FL 34461-8240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, ADJUTANT 4-12-07 352-341-5334
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #