


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90026 025 ****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 #
1039 N. Paul

3. Mailing Address
P.O. Box 939

Suite, Apt. #, etc.

City & State
INVERNESS

City & State
FLORAL CITY, FL

Zip
34453

Country
CITRUS

Zip
34436

Country
CITRUS

6. Name and Address of Current Registered Agent

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



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
 23-7331162

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
SHIRLEY CALAHAN-SEAMAN

Street Address (P.O. Box Number is Not Acceptable)
3005 S. CYBNET TERRACE

City
INVERNESS

FL

Zip Code
34450

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 *Shirley Callahan-Seaman Commander* DATE *2-12-08*

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

Filing Fee is \$61.25 Due by May 1, 2008

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 checked="" 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 CREEL, JEANNE M	
STREET ADDRESS 3460 W. PROVERBS ST	
CITY-ST-ZIP LECANTO, FL 344618240	
TITLE T	<input checked="" 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 COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIRLEY CALAHAN-SEAMAN	
STREET ADDRESS 3005 S. CYBNET TERRACE	
CITY-ST-ZIP INVERNESS, FL 34450	
TITLE SR. VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REBECCA GIBSON	
STREET ADDRESS 4541 N. LAKE VISTA TRAIL	
CITY-ST-ZIP HERNANDO, FL 34442	
TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIRLEY A. McELHINEY	
STREET ADDRESS 949 W. SKYVIEW CROSS DR.	
CITY-ST-ZIP HERNANDO, FL 34442	
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* DATE: *1-10-09* DAYTIME PHONE #: *352-341-5334*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0. 352-422-8281