

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38126

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

1039 N. PAUL
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 939
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 23-7331162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAMAN, SHIRLEY C
3005 S. CYBNET TERRACE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SEAMAN, SHIRLEY C
Address: 3005 S. CYBNET TERRACE
City-St-Zip: INVERNESS, FL 34450

Title: SVC () Delete
Name: GIBSON, REBECCA
Address: 4541 N. LAKE VISTA TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: T () Delete
Name: MCELHINEY, SHIRLEY A
Address: 949 W. SKYVIEW CROSS DR.
City-St-Zip: HERNANDO, FL 34442

Title: ADJ () Delete
Name: ARMITAGE, LINDA
Address: 12700 S OAKVIEW AVE BOX 939
City-St-Zip: FLORAL CITY, FL 34436

Title: SOA () Delete
Name: LOPORTO, DOLORIS
Address: 11127 N IRON DR
City-St-Zip: DUNNELLON, FL 34433

Title: C () Delete
Name: TOUBY, LEONORA
Address: 6150 E WINGATE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA ARMITAGE

ADJT

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date