2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38126

FILED Feb 04, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1039 N. PAUL

INVERNESS, FL 34453

Current Mailing Address: New Mailing Address:

P.O. BOX 939

FLORAL CITY, FL 34436

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARMITAGE, LINDA K 12700 S. OÁKVIEW AVE BOX 939 FLORAL CITY, FL 34436

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:

CMDR BRICE, LINDA Name:

Address: 3040 E. BARN OWL PATH City-St-Zip: HERNANDO, FL 34442

Title: SVC

Name: CALLAHAN-SEAMAN, SHIRLEY Address: 3005 S. CYGNET TER City-St-Zip: INVERNESS, FL 34450

Title: JVC

GODFREY, JUANITA Name: 5955 W. CROYDEN CR. Address: City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TR

Name: MCELHINEY, SHIRLEY

949 W. SKYVIEW CROSSING DR. Address:

City-St-Zip: HERNANDO, FL 34442

ADJ Title:

Name: ARMITAGE, LINDA

12700 S. OAKVIEW AVE. P.O. BOX 939 Address:

City-St-Zip: FLORAL CITY, FL 34436

Title:

GODFREY, LUCY Name: Address: 2391 N. CREDE AVE. CRYSTAL RIVER, FL 34428 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: LINDA KAY ARMITAGE ADJ 02/04/2012