

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of S DIVISION OF CORFORATIONS

1996

STREET ADDRESS

DOCUMENT # N38296

(2)

DISABLED AMERICAN VETERANS AUXILIARY UNIT 42 INC

pg.192

Principal Place	of Business	Mailing Address							
KAY DOUCKAS 3027 ELISA LA		KAY DOUCKAS 3027 ELISA LANE							
LAKE WORTH FL 33461		LAKE WORTH FL 33461			3. Date Incorporated or Qualified 05/23/1990		03/22/1995		
a product Dis	as of Discipose	2a. Mailing Address				4. FEI Number			Applied For
2. Principal Pla	ce or Business	26				NOT APPLICABLE		[Not Applicable
Suite, Apt. #	oto	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
Suite, Apr. #	e, etc.	27				5. Certificate of Status Desired		Fee	Required
City & State		City & State				6. Election Campaign Financing		•	00 May Be
3		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in	tangible tax	under s	s. 199.032,
4	25	29 30				Florida Statutes Yes No			
-	9. Name and Address of Current					10. Name and Address of New Re	egistered A	gent	
				81	Name				
DOLLOVA	C VAV			82	Stroot Add	ess (P.O. Box Number is Not Acceptabl	e)		
DOUCKAS, KAY 3027 ELISA LANE				82	Street Addi				
				83					
LAKE W)RTH FL 33461							85	Zip Code
•				84	City		FL	65 1	Elp 0006
	0.17.0500	and C17 1500. Elorido Statuto	e the abo	2/0-0	amed corno	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of char	nging its	registered offic
SIGNATURE .	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	TE Rugistere 13.		r signature require	d when reinstating! ADDITIONS/CHANGES TO OFF			
TITLE	CT	DEFELE	1.1 1	ITLE	C	T		Change	e
NAME	PREFFER, EMMA M.	-	1.21	NAME	Æ	VELYN J BROW	N T		
STREET ADDRESS	353 E. LAKEWOOD RD.		1.3 9	STREET					
_	WEST PALM BCH FL			CITY-S	T-ZIP	IVIERA BEACH	+1.3	34	04
CITY-ST-ZIP	VI	DELETE	21	TITLE	VTE	MMAM. PREF	FER	_] Chang	e
	HARDIN, CLARINDA L.	_	2.21	NAME	"	MMAM. PREF 163 E LAKEWA	CD R	Λ.	
NAME	4700 NO. DIXIE HWY #208		23	STREET	ADDRESS	a = con as Gra	~ u /		سره درده
STREET ADDRESS	WEST PALM BEACH FL				ST-ZIP	JESI PALMINEA	C 11) T	<u></u>	2402
CITY-ST-ZIP	T T	TOELETE		TIFLE	-1º L	163 E LAKEWA DEST PALM BEA CAY DOUCK AS 1627 ELISA LAN		Chang	je 🔲 Addition
TITLE	DOUCKAS, KAY		32	NAME		AY DOUCE 73	,5		
NAME	3027 ELISA LANE		33	STREET	ADDRESS 3	627 ELISA EM	۷.		
STREET ADDRESS	LAKE WORTH FL								
CITY-ST-ZIP		DELETE	_	TITLE	C	TOGNEL A ANDERS	ا باد	Chanç	je 🔲 Addition
TITLE	C ANDEDOOM DEMES A	L		NAME	100	CINEL A ANDERS	0.		1
NAME	ANDERSON, RENEE A				T ADDRESS	IS CLAKEMURE) J		
STREET ADDRESS	818 CLAREMORE DR				ST-ZIP	, PALM BRACH,	t(.		
CITY-ST-ZIP	W PALM BCH FL	DELETE		TITLE				Chan	ge 🔲 Addition
TITLE	1	Loccin	I -	NAME					
NAME					T ADDRESS	60000178	3819	36	
STREET ADDRESS			1			600001 7 8 -04/22/96018	0230	11	
CITY-ST-ZIP		- Dri cre		TITLE	ST-ZIP	***61.25		Chan	ge W ddition
TITLE		DELETE							/\bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\B
NAME				NAME					17.7
1	1		6.3	REPER	T ADDRESS				· ·

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE: IPAY DOUCKAS TREASURTED-12-96 407.964-0763
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Destrict Property

Signature And Typed Or Printed Name Of SIGNING OFFICER OR DIRECTOR

Date Destrict Property

CR2E037 (12/95)

N38296

COMMANDER - EVELYN BROWN SR VICE COMM. EMMA PREFFER TREASUREX - HAY DOUCKAS CHAPLAIN - RENEZ ANDERSON