

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41346 (0)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, PORT ST. LUCIE AUXILIARY #113, INC.

Principal Place of Business

Mailing Address

C/O GRACE A. MCLAUGHLIN
1150 SW CALIFORNIA BLVD
PORT ST. LUCIE FL 34953

C/O GRACE A. MCLAUGHLIN
1355 SE STARKLAKE CT
PT ST LUCIE FL 34952



3. Date Incorporated or Qualified
12/05/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLAUGHLIN, GRACE A.
1355 S.E. STARKLAKE COURT
PT. ST. LUCIE FL 34952**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FROST, JEAN	
STREET ADDRESS	2937 SW BRIDGE ST.	
CITY - ST - ZIP	PT ST LUCIE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MASSEY, DOROTHY	
STREET ADDRESS	709 NE GALLEAN ST.	
CITY - ST - ZIP	PT ST LUCIE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	COLYER, JACQUELINE	
STREET ADDRESS	621 HELICON LANE	
CITY - ST - ZIP	PT. ST. LUCIE FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, GRACE A.	
STREET ADDRESS	1355 SE STARKLAKE COURT	
CITY - ST - ZIP	PT. ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNER, CELESTE	
1.3 STREET ADDRESS	278 NE CAMEO WAY	
1.4 CITY - ST - ZIP	JENSEN BEACH, FL. 34957	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHUDNOF, LORETTA	
2.3 STREET ADDRESS	322 NE FLORESTA DR.	
2.4 CITY - ST - ZIP	PORT ST. LUCIE, FL. 34983	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FREDETTE, DORIS	
3.3 STREET ADDRESS	269 SW WHITMORE DR.	
3.4 CITY - ST - ZIP	PORT ST. LUCIE, FL. 34984	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DV Loretta Chudnof

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 (407)878-8989

CR2E037 (12/95)