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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N41346 (0)**

1. Corporation Name

**DISABLED AMERICAN VETERANS AUXILIARY, PORT ST. L
UCIE AUXILIARY #113, INC.**

Principal Place of Business

Mailing Address

C/O GRACE A. MCLAUGHLIN
1150 SW CALIFORNIA BLVD
PORT ST. LUCIE FL 34953C/O GRACE A MCLAUGHLIN
1355 SE STARKLAKE CT.
PT ST LUCIE FL 34952-7826
US3. Date Incorporated or Qualified
12/05/19903a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 **Starklake**

23 Zip Country

28 Zip Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 34985

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 reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **BERNER, CELESTE**
STREET ADDRESS **278 NE CAMEO WAY**
CITY-ST-ZIP **JENSEN BEACH FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE **DV** ☒ DELETE
NAME **CHUDNOF, LORETTA**
STREET ADDRESS **322 NE FLORESTA DR.**
CITY-ST-ZIP **PORT ST. LUCIE FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE **DV** ☒ DELETE
NAME **FREDETTE, DORIS**
STREET ADDRESS **269 SW WHITMORE DR**
CITY-ST-ZIP **PT. ST. LUCIE FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE **DTS** ☐ DELETE
NAME **MCLAUGHLIN, GRACE A.**
STREET ADDRESS **1355 SE STARKLAKE COURT**
CITY-ST-ZIP **PT. ST. LUCIE FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Berner, DP

4-23-97 (561) 334-3972

CR2E037 (9/96)