

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90041 002 ****61.25

DOCUMENT # N41346

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

* 4 8 7 7 8 9 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **29** **30**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/05/1990

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

9. Name and Address of Current Registered Agent

**MCLAUGHLIN, GRACE A.
1355 S.E. STARKLAKE COURT
PT. ST. LUCIE FL 34985**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE **DP** ☒ DELETE
NAME **BERNER, CELESTE**
STREET ADDRESS **278 NE CAMEO WAY**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **DV** ☒ DELETE
NAME **RYDER, BONNIE**
STREET ADDRESS **2236 SE SEAFURY LANE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **DV** ☒ DELETE
NAME **CHUDNOF, LORETTA**
STREET ADDRESS **322 NE FLORESTA DRIVE**
CITY-ST-ZIP **PT. ST. LUCIE FL 34983**

TITLE **DTS** ☐ DELETE
NAME **MCLAUGHLIN, GRACE A.**
STREET ADDRESS **1355 SE STARKLAKE COURT**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **RYDER, BONNIE**
1.3 STREET ADDRESS **2236 SE Seafury Lane**
1.4 CITY-ST-ZIP **Port St. Lucie, Fl. 34952**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **CLARK, ELEANOR**
2.3 STREET ADDRESS **1690 SE Ocean Lane**
2.4 CITY-ST-ZIP **Port St. Lucie, Fl. 34983**

3.1 TITLE **DV** ☒ Change ☐ Addition
3.2 NAME **KNITTER, MARY**
3.3 STREET ADDRESS **512 SW Bacon Terrace**
3.4 CITY-ST-ZIP **Port St. Lucie, Fl. 34953**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Bonnie Ryder DP**

4-24-99 (561)335-4724

CR2E037 (11/98)